



**World Health  
Organization**

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REGIONAL OFFICE FOR **Europe**

# Report of the 67th session of the WHO Regional Committee for Europe

**Budapest, Hungary, 11–14 September 2017**

### *Keywords*

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## Abbreviations

EHP	European Environment and Health Process
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FCTC	WHO Framework Convention on Tobacco Control
G20	the Group of 20
GPW13	Thirteenth General Programme of Work 2019–2023
IFRC	International Federation of Red Cross and Red Crescent Societies
IHR	International Health Regulations
ILO	International Labour Organization
IOM	International Organization for Migration
MDR-TB	multidrug-resistant tuberculosis
NCD	noncommunicable disease
OECD	Organisation for Economic Co-operation and Development
R&D	research and development
RIVM	National Institute for Public Health and the Environment
SDG	Sustainable Development Goal
SEEHN	South-eastern Europe Health Network
The Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
THE PEP	Transport, Health and Environment Pan-European Programme
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNECE	United Nations Economic Commission for Europe
UNEP	United Nations Environment Programme
UNICEF	United Nations Children’s Fund
WAAW	World Antibiotic Awareness Week
WHO	World Health Organization

## Opening of the session

The 67th session of the WHO Regional Committee for Europe was held at the Budapest Congress Centre in Budapest, Hungary, from 11 to 14 September 2017. Representatives of the 53 countries in the WHO European Region took part. Also present were the Executive Director of the Global Fund, the Regional Director of the International Federation of Red Cross and Red Crescent Societies (IFRC), representatives of the Food and Agriculture Organization of the United Nations (FAO), the International Labour Organization (ILO), the International Organization for Migration (IOM), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), the United Nations Economic Commission for Europe (UNECE), the United Nations Environment Programme (UNEP), the Council of Europe, the European Union (EU) and its Committee of the Regions, the Organisation for Economic Co-operation and Development (OECD), the Regional Environmental Center for Central and Eastern Europe, and non-State actors.

The first working meeting was opened by Professor Benoît Vallet (France), outgoing Executive President of the 66th session of the Regional Committee.

In a festive musical opening, the Hungarian organist Mr Gergely Rákász performed "Fanfare for the Common Man" by Aaron Copland, "Epigrams" by Zoltán Kodály and the "Toccatina and Fugue in D Minor" by Johann Sebastian Bach.

The WHO Regional Director for Europe thanked the Government of Hungary for hosting the meeting and welcomed participants. The WHO Director-General also thanked the Government of Hungary for the recent designation of the WHO Collaborating Centre on Human Resources for Health Development and commended the steps it had taken to protect and promote the health of the population. Prevention was not only better than a cure, it was cheaper. He called on WHO Member States in the European Region that had not yet done so to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products to the WHO Framework Convention on Tobacco Control.

## Election of officers

In accordance with the provisions of Rule 10 of its Rules of Procedure, the Regional Committee elected the following officers:

Ms Katalin Novák (Hungary)	President
Ms Dagmar Reitenbach (Germany)	Executive President
Professor Amiran Gamkrelidze (Georgia)	Deputy Executive President
Ms Radvilė Jakaitienė (Lithuania)	Rapporteur

## Adoption of the agenda and programme of work

*(EUR/RC67/2 Rev.1, EUR/RC67/2 Rev.1 Add.1, EUR/RC67/3 Rev.1)*

The Committee adopted the agenda and programme of work.

The Regional Committee agreed to invite the EU delegation to attend and participate without vote in the meetings of any subcommittees, drafting groups and other subdivisions taking place during the 67th session addressing matters within the competence of the EU.

## **Address by the Prime Minister of Hungary**

In his welcoming statement, the Prime Minister of Hungary said that his country was honoured that the Regional Committee had chosen Budapest as the site of its 67th session, an event being attended by over 600 health professionals from more than 50 countries. Global organizations were going through difficult days, but WHO had always been and would continue to be needed. The Constitution of Hungary enshrined all people's right to health, and his country had the utmost appreciation of and respect for WHO. The Government of Hungary did not deny the need for global institutions, but rather sought to harmonize the supranational level with national sovereignty.

Public health challenges must be tackled in the light of global problems, but national and global points of view gave rise to different perspectives. While the European demographic problem called for an urgent response, population decline must be resolved through the reinforcement of family policy, rather than through migration. Assistance should be rendered where the problem arose. Europe had everything it needed to launch targeted health care programmes in the areas that most needed them.

Recalling that the Hungarian word for "health" was "egészség", a term that connoted wholeness or entirety, he drew attention to the need to aim for an increase in healthy life years, rather than merely in life expectancy. To that end, the Government of Hungary was implementing three action plans. The first aimed to eliminate unemployment, because if there was no work, there was no self-esteem, no vision and no children, and in such circumstances there would be no point in aspiring to a healthy lifestyle. The second, to slow down and halt the population decline, was designed to achieve an increase in the population and the rate of biological reproduction. Population policy was thus at the heart of the Government's economic policy. The third, on public health, had three components: measures against smoking and unhealthy foods (with the proceeds of the "crisps (potato chips) tax" being used within the health care system), and health promotion measures focused on healthy diets in childhood and mandatory daily physical education in elementary schools. The next task in health care would be to reduce the high number of deaths due to cancer.

He welcomed WHO's support for those action plans, and for listening to and consulting with the Government. No organization was more capable of harmonizing assistance to countries. As a committed member of the Organization, Hungary stood by WHO.

## **Keynote speech by Her Royal Highness The Crown Princess of Denmark**

Her Royal Highness Crown Princess Mary of Denmark delivered a keynote speech (Annex 4).

## **Address by the WHO Regional Director for Europe**

*(EUR/RC67/5, EUR/RC67/12, EUR/RC67/Inf.Doc./1 Rev. 1)*

The Regional Director addressed the Regional Committee (Annex 5).

In the discussion that followed, representatives welcomed the Regional Director's comprehensive report and commended her dedicated leadership of the Regional Office. They expressed their appreciation for the many ways in which the Regional Office supported their

work at the country level, in particular by bolstering national efforts to implement Health 2020, the European policy for health and well-being, and to meet the Sustainable Development Goals (SDGs) through defined national health priorities. That support was underpinned by the excellent work done by WHO country offices and through the conclusion of country cooperation strategies and biennial collaborative agreements. The Regional Office's support to Member States in situations of crisis and emergencies, in particular in Turkey in response to the crisis in the Syrian Arab Republic and the humanitarian crisis in Ukraine, was invaluable.

Despite overall improvements in health across the Region, serious challenges persisted, which could only be overcome through joint action. The Regional Office's efforts to build and strengthen partnerships and networks for health between Member States, by bringing them together to share their experiences, were therefore greatly appreciated, as were measures to promote and strengthen coordination and cooperation between sectors. Health was central not only to SDG 3 but indeed to every aspect of the 2030 Agenda for Sustainable Development (2030 Agenda). An intersectoral approach through health in all policies was therefore the key to attaining the Goals and ensuring that no-one would be left behind. Such an approach should focus on interventions at the local level, to maximize their benefit to everyone. All Member States should make every effort to fully incorporate the SDGs into their national planning.

Environmental degradation and climate change posed significant threats to progress. The introduction or re-emergence of tropical diseases such as malaria and chikungunya in the southern part of the Region was of particular concern. The Sixth Ministerial Conference on Environment and Health (Ostrava, Czech Republic, 13–15 June 2017) had been a very successful meeting. Concerted efforts were now required to follow up on the outcomes of the Conference, by strengthening cooperation between the health and environment sectors to address the priorities set out in the Ostrava Declaration. Environment, health and quality of life were closely interlinked and collective action was therefore the only meaningful approach.

With regard to universal health coverage, the Regional Office's continued dedication to health systems strengthening and its assistance to Member States with particularly fragile health systems were also welcomed. Member States would, however, appreciate more support with regard to standard-setting. The forthcoming high-level technical meeting to mark the 10th anniversary of the adoption of the Tallinn Charter: Health systems for health and wealth would give Member States a further opportunity to commit themselves to building health systems that would provide health care for all and leave no one behind. Participants described the measures under way in their countries to reform their health systems, underscoring the crucial need for strong and resilient health systems that could withstand emergency situations.

Many participants emphasized the high priority that their governments accorded to primary health care. The 40th anniversary of the adoption of the Declaration of Alma Ata would afford an excellent opportunity to renew commitments in that regard. Health inequities must be overcome, in particular by ensuring that access to care was not dependent on personal income. WHO should lead negotiations on access to medicines; treatments that were costing governments tens of thousands of euros per patient per year could simply not be sustained by national budgets. Collaboration between Member States on joint procurement would therefore be crucial. The Regional Office's work to improve access to medicines deserved particular support. One participant pledged that her country's forthcoming Presidency of the Council of the European Union would focus on access to medicines.



Universal health coverage was a matter of political will and financial resources. It also required a life-course approach – in particular through early childhood interventions and healthy ageing measures, and access to care must be guaranteed for the most vulnerable and marginalized people in the Region. Commitment to universal health coverage, however, would be futile without efforts to build and strengthen the health workforce throughout the Region.

All those who contributed to the discussion emphasized the vast burden that noncommunicable diseases (NCDs) placed on health systems and public health, remaining one of the major causes of morbidity and mortality in the Region. Governments across the Region were committed to reducing NCD risk factors and thereby reducing premature mortality rates. The forthcoming publication on the economic yield of prevention over cure was eagerly anticipated. The practical tools developed by the Regional Office to assist Member States in reducing NCD risk factors were very welcome. The Regional Office's focus on mental health was much appreciated. Violence against women, children and adolescents remained prevalent in the Region, and abuse within the health care system deserved greater attention.

Concerted efforts must continue with regard to tightening tobacco control and reducing alcohol consumption and obesity. Numerous examples were given of work undertaken at the EU and country levels to promote physical education and good nutrition, especially in schools, since obesity was a major risk factor for NCDs in the Region. Early intervention and creation of healthy lifestyle habits were therefore a crucial investment into the future health of the population. A focus on education and health literacy was essential. Smoking and tobacco use remained highly prevalent among men in the Region and were on the rise among women and young people. Several participants described the measures that their governments were taking to strengthen tobacco control, including the introduction of plain packaging and comprehensive bans on tobacco advertising, despite pressures from the tobacco industry. The Regional Office's support in that regard was greatly appreciated. Participants also pledged their commitment to ratifying the Protocol to Eliminate the Illicit Sale of Tobacco Products to the WHO Framework Convention on Tobacco Control (FCTC).

On communicable diseases, concerns were expressed that the prevalence of HIV infection remained high in the European Region. Greater efforts were needed immediately to halt the increase in cases of HIV and coinfections, such as tuberculosis. The International AIDS Conference would be held in the Netherlands in 2018 and would afford an opportunity to bring stakeholders together to discuss the way forward. Europe must not be complacent with regard to HIV but rather should stand as an example in the global arena. Good practices on TB prevention and control existed in several Member States; representatives expressed their readiness to share their experiences and best practices in that regard. Multidrug-resistant tuberculosis (MDR-TB) required particular attention, and the support of partners such as the Global Fund was also essential.

Several participants welcomed the leadership that the Regional Office had provided on sexual and reproductive health and rights. Without respect for those rights the SDGs would not be met. Health for all, regardless of age, gender or sexual orientation, should be a priority. Maternal and child health remained high on the agenda of several Member States. Participants thanked the Regional Office for its support at country level with regard to the implementation of immunization programmes. Anti-vaccination movements remained vocal in several countries, and measures were needed to mitigate the consequences of their actions. Vaccine coverage data could be used to show the positive effects of vaccination campaigns.

Antimicrobial resistance constituted a major global threat to public health, which could only be countered through a one-health approach and cross-border cooperation. Particular efforts were being made by member countries of the EU to make the EU a best practice region in that regard, and subregional initiatives were also under way in the Commonwealth of Independent States. That notwithstanding, more than half of the countries in the European Region still did not have a national plan in place to address antimicrobial resistance. WHO leadership was therefore crucial, and the need to develop new antibiotics and engage in strong surveillance and antibiotic stewardship was urgent. Member States should increase their support to the Global Antibiotic Resistance Partnership.

Participants commended the establishment of the new WHO Health Emergencies Programme and welcomed the fact that the Programme was now fully operational. They also welcomed the draft five-year global strategic plan to improve public health preparedness and response as it would support implementation of the International Health Regulations (2005) (IHR). Turkey was shouldering an overwhelming burden of refugees from the Syrian Arab Republic. The Regional Office's support was greatly appreciated, especially the initiative to train Syrian medical professionals from among the refugee population to provide medical care for their fellow refugees in newly established health centres in Turkey. Addressing migrants' health was essential, not only for migrants themselves, whose needs must be integrated into local health care systems, but also for the health of the host population. The health of internally displaced persons was also a priority in countries such as Ukraine, where the health system was straining under the pressure of the humanitarian crisis. The Regional Office's support had enabled the Ukrainian Government to work on reforming its health system. A multisectoral approach was essential to address the mounting pressure on health systems caused by large-scale migration flows across the Region.

Several representatives underscored the importance of the use of evidence, information and research in policy-making to ensure that new policies would be effective, and they welcomed the Regional Office's work on health information, research and knowledge translation. The WHO European Health Information Initiative was particularly important to reduce the reporting burden on Member States, and its expansion was very welcome. Experience from the European Region with regard to coordinating work in health information should be taken to the global level, to develop a global action plan to strengthen the use of evidence for policy making. Furthermore, the Evidence-informed policy network, EVIPNet, was particularly important at the country level.

Steps to harmonize health information, in particular by establishing a joint monitoring framework for reporting under the 2030 Agenda, Health 2020 and the Global Action Plan for the Prevention and Control of NCDs, to avoid duplication and minimize the reporting burden on Member States, were particularly appreciated. Data collected under the joint monitoring framework could be collated through and made available in the WHO European Health Information Gateway. Ongoing work to identify common indicators with the European Commission and OECD was also positive. The regular collection of data on health literacy under the umbrella of the European Health Information Initiative would be the key to improving policies to promote health literacy and ensuring that individuals had the capacity to manage their own health. WHO's work in eHealth was particularly welcome, and eHealth aspects should be embedded in legal frameworks. Good data were already available in several Member States, whose representatives expressed their willingness to share their experiences and best practices. One representative drew attention to linguistic barriers, which could potentially

hamper information sharing between Member States, and said that his Government had pledged a financial contribution to the Regional Office for the translation of documents into Russian.

Concerns were raised with regard to imbalances in the financing of the Regional Office's budget, in particular the pockets of poverty that persisted owing to the large proportion of highly earmarked funds. Clarification was requested regarding whether current funding would enable WHO to adequately address the health needs of the European Region. While the 3% increase in assessed contributions, which the World Health Assembly had approved for the Programme budget 2018–2019, was a step in the right direction towards increasing the proportion of flexible funding, greater efforts would be required to ensure solid and sustainable financing.

The proposed Thirteenth General Programme of Work 2019–2023 (GPW13) was welcomed, as was the Director-General's call for stronger partnerships and collaboration between Member States. The Regional Office had already taken measures to promote country cooperation; momentum in that regard must be maintained. While efforts to streamline the Regional Committee's agenda were welcome, more needed to be done. Continued improvements with regard to accountability and transparency in the governance of the Regional Office were much appreciated and demonstrated a clear intention to follow up reform decisions and priorities at the global level.

A representative of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) said that WHO was a key partner for the Global Fund, in particular in the European Region, where joint efforts were under way to build resilient health systems and fight HIV and tuberculosis. Despite significant progress in harm reduction and HIV mortality, the annual increase in HIV cases in the Region was significant. The challenges related to MDR-TB were increasing for all countries in the Region and required a cross-border approach. Funding was not always targeted for maximum impact, and cooperation was therefore essential. All investments should be evidence-based. Particular attention should be paid to tackling the stigma and discrimination that were still rife with regard to HIV. For that, ambition and bold leadership were essential; health was a political choice.

The Programme Adviser, Regional Support Team for Eastern Europe and Central Asia, UNAIDS thanked the Regional Director for her comprehensive report. UNAIDS and the Regional Office were working together to address the unfinished business of the Millennium Development Goals with regard to HIV in several Member States in the WHO European Region. That cooperation was an excellent example of teamwork, and WHO's technical leadership was indispensable. Despite progress, in particular in central Asia and eastern Europe, HIV was still on the rise in the Region, and unless concerted efforts were made as a matter of urgency, the SDG targets on HIV, tuberculosis and hepatitis would not be met. The HIV response must therefore remain high on the WHO agenda and a priority at country level. UNAIDS would continue to count on WHO's support and commitment.

The Programme Officer, UNEP Regional Office for Europe, expressed appreciation to the Regional Director for her leadership of the Regional Office and of the United Nations Development Group. UNEP valued its partnership with WHO at all levels and had been particularly pleased to jointly organize the Sixth Ministerial Conference on Environment and Health. The rates of death and disease caused by environmental risk factors remained alarming. The international community had a collective responsibility to adopt a holistic approach to the health hazards of environmental degradation. The forthcoming United Nations Environment Conference would focus on the evidence of a polluted planet and would

consider the reduction of pollution through the 2030 Agenda and regional initiatives, such as the European Environment and Health Process.

The Regional Director thanked all participants for their contribution to a rich discussion, and welcomed the many expressions of commendation and offers of collaboration. Despite the considerable progress made in so many areas throughout the Region, challenges persisted and she assured Member States of the Regional Office's continued support. Regarding questions on the budget, she said that indeed, while the approved budget was financed at around 90%, some programme areas remained underfunded owing to pockets of poverty caused by an 8% decrease in flexible funding received by the Regional Office. Some of those, such as environment and health, healthy ageing and health information, were priority areas for the Region. They were being closely monitored, and every effort was being made to allocate flexible funding. The coming biennium could pose challenges in that regard. She hoped that the Programme budget 2018–2019 would be fully financed. Member States support for the increase and provision of flexible funding would be particularly appreciated.

The Committee adopted resolution EUR/RC67/R1.

## **Address by the WHO Director-General**

The Director-General addressed the Regional Committee (Annex 6).

In the ensuing interventions, members of the Regional Committee commended the Director-General on his commitment and drive to strengthen WHO as the global leader on health. They underscored the importance not only of dealing with disease but also of investing in prevention, through a cross-cutting, multisectoral approach that would be to the benefit of all. High-level commitment would be essential in that regard. A human rights-based, gender-balanced approach would be the only way to ensure the attainment of the highest possible standard of physical and mental health for all, which would be key to the successful attainment of the SDGs.

Several representatives expressed support for the Director-General's commitment to the use of evidence, information and research in policy-making, and encouraged the Director-General to use the European Health Information Initiative's work as an example to be emulated, and to draw on European expertise to roll out a similar initiative at the global level. New innovations and developments, such as the increased use of technology, mobile devices and data, would change health systems and their response to public health needs, improving prevention, diagnosis and care, while also posing challenges with regard to privacy, data protection and cyber threats. WHO must adapt to that changing environment, leading the global health response to the new technological era. Innovation and technology should be seen not simply as a tool but as a strategic platform for setting the future goals and priorities of the Organization.

One representative, speaking on behalf of the EU and its member States, welcomed the Director-General's response to Member States' call for a stronger focus on transparency and accountability in the Organization's financing, which had been addressed in the concept note on GPW13. While the proposal to hold a special session of the Executive Board in November 2017 was welcome, that session should focus exclusively on the preparation of GPW13. A systematic presentation of the changes that would be made to the Organization's current work schedule would be appreciated.

The Director-General thanked members of the Regional Committee for their support and expressed his appreciation for having been afforded so much time to engage with Member States during the session. He had taken note of all the comments, suggestions and recommendations made, not only during the present discussion but also during the ministerial lunch that had been arranged and the discussion on the preparation of GPW13.

## **Keynote speech by the Director-General for Health and Food Safety, European Commission**

The Director-General for Health and Food Safety, European Commission said that the Commission was taking stock of 60 years of EU integration and reflecting on its future, including on bringing its agenda and priorities in line with the SDGs. Through its joint work with the WHO Regional Office for Europe, important progress had been made in several areas over the years. One area was the prevention and control of NCDs and the WHO European Region's progress in achieving the global NCD targets; in that context the Commission actively encouraged all EU member countries to ratify the Protocol to Eliminate the Illicit Trade in Tobacco Products to the WHO FCTC, and was developing a tracking and tracing system which would help them to keep track of movements of both licit and illicit tobacco products. Another was the improvement of health systems in the countries bordering the EU, to which the Regional Office had made a valuable contribution. The migrant crisis was also a priority: the EU and the Regional Office had supported the health systems of receiving countries to cope with large influxes of migrants and produced the evidence to prove that migrants did not bring epidemics in their wake.

Areas in which the Commission and the Regional Office could usefully work together in future included prevention and management of cross-border epidemics and health emergencies; research, development and dissemination of best practices for the control of antimicrobial resistance; and the promotion and more efficient management of immunization programmes, including improved exchangeability of vaccines throughout Europe and increased capacity to cope with fluctuations in supply and demand.

The Regional Director said that the Regional Office had recently scaled up its cooperation with the European Commission, which was an important and natural strategic partner for WHO, both within the European Region and globally. Areas of collaboration included health security, health information, inequalities, health systems and chronic diseases. She thanked the Commission for its continued support for the ratification of the WHO FCTC and its Protocol. The Regional Office and the Commission would review their joint priorities in forthcoming high-level meetings.

## **Report of the Twenty-fourth Standing Committee of the Regional Committee for Europe**

*(EUR/RC67/4 Rev.1, EUR/RC67/4 Rev.1 Add.1)*

The Chairperson of the Twenty-fourth Standing Committee of the WHO Regional Committee for Europe reported that, since the 66th session of the Regional Committee, the Standing Committee had held five sessions and one teleconference. At its first session, it had established three subgroups, to ensure the maximum amount of time for discussion of key topics.

The recommendations put forward by the subgroup on governance, which had been fully approved by the Standing Committee, included not only alignment between global and regional governing bodies and reporting on WHO's country presence but also the criteria for submitting conference declarations to the Regional Committee.

The subgroup on implementation of the International Health Regulations (2005) had guided the Secretariat in preparing documents that linked emergency preparedness and IHR capacity-building with health systems strengthening and essential public health functions in an all-hazard perspective. The Standing Committee had welcomed the emphasis on whole-of-government and whole-of-society approaches and the specific tools for sustainable change in health care and public health systems. Members of the Standing Committee had agreed that the IHR monitoring and evaluation framework was particularly useful.

In connection with the work of the subgroup on migration and health, members of the Standing Committee had underscored the importance of engaging partners to deal with migration flows and to promote the health of refugees and migrants. Greater attention should be paid to integration-related social, educational, labour and health aspects of migration.

The Standing Committee had thoroughly reviewed all documents and draft resolutions under the technical items on the agenda of RC67. It had commended the comprehensive consultation process for drafting the outcome documents of the Sixth Ministerial Conference on Environment and Health and welcomed the proposed changes in the governance of the European Environment and Health Process. With regard to the Roadmap to implement the 2030 Agenda for Sustainable Development, the Standing Committee had underscored the values of strong public health systems, investment in health, strong global and regional partnerships, and the importance of local actions. It had welcomed the actions to develop a joint monitoring framework linking the SDG indicators with those of Health 2020 and WHO's Global Monitoring Framework for Noncommunicable Diseases. The Standing Committee had also welcomed the proposal to prepare the framework towards a sustainable health workforce in the WHO European Region and felt that the toolkit would be extremely valuable. The Standing Committee had commended the proposal to strengthen Member States' collaboration on access to medicines and underscored the importance of addressing pricing issues and the persistent problem of orphan drugs.

The Standing Committee had welcomed the proposed document on transformative partnerships for health in the WHO European Region, and particularly the possibility for accreditation to the Regional Committee of non-State actors, in line with the Framework of Engagement with Non-State Actors adopted by the Sixty-ninth World Health Assembly in 2016. It had reviewed the report on WHO country performance and was pleased with the level of transparency provided by the Regional Office.

As part of its oversight function, the Standing Committee had reviewed reports on budget and financial issues at its three substantive sessions. Lastly, at its fourth session in May 2017, the Standing Committee had considered the nominations received for membership of WHO bodies and committees and had established a proposed shortlist, which had been distributed to heads of delegations.

The Committee adopted resolution EUR/RC67/R2.

## **Roadmap to implement the 2030 Agenda for Sustainable Development, building on the Health 2020 policy framework**

*(EUR/RC67/9, EUR/RC67/9 Corr.1, EUR/RC67/9 Add.1, EUR/RC67/9 Add.1 Corr.1, EUR/RC67/Inf.Doc./1 Rev.1)*

A short video was shown, as part of the “Voices of the Region” series. It related the story of a young man in Wales, who had spent his childhood in State institutions. He described his experience of a care vacuum and stressed the need for clearly defined responsibilities within institutions to prevent that care receivers fell through the systemic cracks.

The Prime Minister of Greece said that his country had been at the centre of the recent economic and refugee crises. The international community had not been prepared for either. His Government had chosen to address the situation in a spirit of solidarity, respect for human dignity and international law, rather than protecting only its own interests. The economic crisis, austerity measures and the mass influx of migrants had taken a heavy toll on the country’s health sector. In response, the Government had chosen to strengthen universal health coverage, in particular access to health care for vulnerable groups and migrants, thereby acting on behalf of all those who believed in the founding principles of the EU and in protecting human dignity, equality and social cohesion through investment in health. It had also taken a stand against those who sought to weaken the social acquis and considered health care a privilege and luxury that should be available only to a country’s own citizens or those who could afford it. Health care was a fundamental human and social right; comprehensive policies were needed to prevent the social and economic determinants of health. Given the causal link between economic hardship and vulnerability to illness, health policies must focus on vulnerable groups and strive for equity.

Despite the asymmetry between pressing needs and available resources, Greece had made considerable progress based on fostering universal health coverage, promoting public health, improving health care management, reducing out-of-pocket payments, reforming primary health care, and emphasizing patients’ rights. By redistributing public funds and pooling resources from the State budget and social insurance, it had been possible to grant uninsured citizens and refugees and migrants equal access to public health services. Government spending on health had been increased, the effectiveness, transparency and accountability of public institutions had been improved, and opportunities for health professionals had been created to reverse the “brain drain”. Long needed health care reforms had been implemented, with technical support from WHO, and efforts had been made to facilitate access to medicines by negotiating affordable prices. The promotion of health with respect for human dignity should be understood to be one of the most important tools to overcome the challenges faced by modern society.

The Regional Director said that the Greek experience illustrated how with strong political commitment and leadership, even countries under considerable economic constraints could progress towards universal access to health by strengthening primary health care and public health services. She thanked the Prime Minister of Greece for his support for WHO’s work.

The Roadmap for implementation of the 2030 Agenda was designed to assist Member States in their efforts to progress towards better and more equitable health services for all at all ages. The European policy for health and well-being, Health 2020, had paved the way for the attainment of the SDGs in the WHO European Region. Although much had been achieved, progress in some areas, such as sexual and reproductive health and rights and mental health, was lagging behind and global challenges such as antimicrobial resistance, climate change

and health emergencies added to the burden. Inequities persisted within and between countries. Health was a political choice. It must be made a core component of all national development policies and strategies. Governance and leadership for health and well-being, together with strong accountability and reporting systems, were crucial. Living conditions needed to be improved and barriers to health and social services removed so that no-one would be left behind.

In order to tackle the wide range of health determinants throughout the life-course and ensure policy coherence across sectors, a whole-of-government approach was needed. Healthy places and settings must be established with the engagement of all stakeholders. In order to protect people from the economic fallout of ill health, integrated, patient-centred health services and social welfare policies must be strengthened. Policy-makers needed to be aware that investment in health yielded tangible economic benefits. Investment for health, multipartner cooperation, health literacy, research and innovation, and monitoring and evaluation were enablers of implementation. Health policy should be evidence based. The European Health Information Initiative was a key mechanism in that regard. In order to reduce the reporting burden, a common set of indicators and timelines were needed, as proposed in the joint monitoring framework. The success of the SDGs would depend on everyone, and WHO was committed to working with Member States to place health at the centre of development.

The ensuing panel discussion on the implementation of the 2030 Agenda for Sustainable Development, building on the Health 2020 policy framework, was moderated by the Executive Manager, Country Relations and Corporate Communication. The Minister of Labour, Health and Social Affairs, Georgia, the Minister of Human Capacities, Hungary, the Deputy Prime Minister and Minister for Health, Malta, and the Director-General of the National Board of Health and Welfare, Sweden, participated as panellists.

The Minister of Labour, Health and Social Affairs, Georgia, said that to attain the SDGs at the country level would require strong political will, cost-effective approaches and improved governance. As there were no secondary priorities in health, it was crucial to increase budget allocations. WHO could play a key role in raising governments' awareness that any spending on health would yield measurable economic returns. At the same time, universal health coverage could only be achieved through cost-effective approaches, as State budgets were limited. While new technologies and medicines were important, the most cost-effective way was to invest in primary health care and tackle diseases at an early stage. Setting the right priorities was also essential for obtaining maximum results. The road to attaining the SDGs was full of challenges, which could only be overcome if health was recognized as a fundamental human right, not a privilege or a luxury.

The Director-General, National Board of Health and Welfare, Sweden, said that promoting equity was central to health policy-making in Sweden. Health was integrated into all policies, with a focus on promotion and prevention. While the overall standard of health had improved over time, inequities persisted. Current policy-making was based on evidence and involved a shift away from hospital-based to primary care, building on patients' needs and capacities. Targeted policies were in place to increase access for vulnerable groups. Drawing lessons from past experience where efforts to bridge the health care gap had failed to yield the desired results, broader policies had been adopted to promote health for all. The number of free services had also been increased. In order to understand the reasons for stubborn inequality, data collection was crucial. Evidence must then be used to design targeted policies. A people-centred approach was essential and health systems must be better adapted to emerging needs.



The Minister of Human Capacities, Hungary, said that success in meeting the SDGs was intrinsically linked to awareness: people must be aware that the world around them was fragile, that human activity took a heavy toll, and that contemporary lifestyles were at the expense of future generations. Education was crucial to develop young people's propensity to think in terms of sustainability. To that end, a multisectoral approach was needed. His ministry, being responsible for a wide range of issues, including culture, education, social welfare, family and health, integration, sports and minorities, was thus able to design cross-cutting programmes. It was important to recognize that future generations would need to work much harder to maintain current living standards and that a considerable access gap between the poorer and wealthier segments of society persisted, even in developed countries. Sociocultural barriers also needed to be overcome, such as those faced by the Roma population in Hungary. To remove those barriers, his Government had invited 1000 Roma women to be trained as social workers and subsequently to act as mediators between Roma families and institutions. To promote health in the workplace, incentives had been created to engage employers in encouraging their employees to get medical check-ups, which were free of charge but underutilized. While health financing was important, ensuring that funds were used properly was even more relevant. His Government had also taken a range of proactive measures to promote healthy living. Lastly, another key component of achieving the SDGs was the sustainable use of water resources and access to clean water for all.

The Deputy Prime Minister and Minister for Health, Malta, said that to achieve universal health coverage, which was one of the key elements of the 2030 Agenda, access to innovative medicines at affordable prices and specialized care for patients with rare illnesses were primary concerns. Inequities in access to care between countries in the European Region were unacceptable and immoral. Collaboration between centres of excellence to share knowledge and expertise, offer research opportunities and training and provide health care services was crucial to bridge inequities in health between countries. Cross-border collaboration in the provision of specialized care was also important. In order to facilitate access to affordable innovative medicines, Member States needed to develop mutual trust to deepen cooperation and enhance their negotiating powers. In an era where mergers were making a decreasing number of pharmaceutical companies more powerful than ever, joint procurement would be a valuable tool to overcome barriers to universal access to medicines.

When asked how implementation of the Roadmap could be advanced at the country level, the panellists responded that comparing national health systems would provide useful insight and inspiration for improvements. Building trust and fostering intercountry collaboration would be vital for progress. Data and evidence were particularly important to engage finance ministries in health objectives and thus secure investment in health. Global goals should be adapted to local contexts; all stakeholders should harness the positive spirit generated by the SDG framework. Highly efficient health care providers would also be essential.

In the ensuing discussion, representatives expressed strong support for the proposed Roadmap. The European region was well placed to attain the SDGs as much of the groundwork had been laid already by Health 2020. The Roadmap was a useful framework of action-oriented tools to support efforts to place health at the centre of national political agendas. Attainment of the health-related SDGs would be a challenge and an opportunity. The comprehensive nature of the 2030 Agenda could help bring health out of isolation and allow WHO to position itself as the lead global actor in health policy.

Representatives expressed their commitment to mainstreaming health across all policies, incorporating the SDGs into national development strategies, and improving governance, transparency and accountability. Achieving universal health coverage was the overarching goal. Attention was drawn to various key issues such as the determinants of health, health literacy, protection against and preparedness for major and emerging public health threats, preparedness for emerging threats, and investment in health. There were calls for clear definitions and actions, especially on intersectoral collaboration, and for the development of a business case for health. Health should be considered an asset, a resource and a goal for society, which was justifiably maintained, protected and promoted.

Participants agreed on the importance of evaluating and monitoring the implementation of the 2030 Agenda. Data collection was a challenging task that would require coordinated and proactive collaboration between relevant international agencies, and the involvement of non-State actors. Some Member States had established national mechanisms to facilitate and monitor progress toward the attainment of the SDGs and to promote and monitor alignment of government activity with the 2030 Agenda. One representative shared experiences of designating a national body to coordinate the activities of various government bodies for the collection and submission of statistical information on the SDG indicators to international organizations.

The joint monitoring framework was the aspect of the roadmap that was most commented on by representatives of Member States and non-State actors, with broad support expressed for its adoption, which would be testament to strategic policy coherence in the WHO European Region and of the accountability of the Regional Office and Member States. Several representatives also supported the establishment of a group of experts to identify a common set of indicators for the framework. The proposals for reducing the reporting burden were greatly appreciated. Streamlining indicators, coordinating reporting times and pooling data collection would be the best way forward. Representatives cautioned against duplication of reporting and encouraged close cooperation on data access with other international organizations. One representative drew attention to the need to develop specific and measurable indicators for governance, equity and health literacy. The European Health Information Initiative was an exemplary coordinating mechanism for Member States and other stakeholders to guide the development of the joint monitoring framework and the harmonization of indicators. The Director-General should use the European Health Information Initiative as an example to be emulated and drawn on at the global level for the strategic coordination of work in the areas of health information, evidence, research and innovation and their use in policy-making. Additional information was requested on the work of the issue-based coalition on health.

Several representatives referred to the importance of adapting government structures to evolving needs. Cooperation across sectors and departments was essential to bring health out of isolation and move away from silos, both at the level of national governments and international organizations. Civil society organizations and other non-State actors had an important role, and cooperation with the private sector and the science and research community was valuable. Repeated reference was made to the critical support provided by WHO and other United Nations agencies. One representative noted that cooperation under WHO leadership could be a mechanism to react to commercial interests where they worked to the detriment of health and the broader 2030 Agenda. The small countries initiative that had culminated in the adoption of the Monaco Statement on “Health in all policies – Health in all

SDGs: call for action on climate change” was cited as a good example of intercountry cooperation.

Representatives reported on their national efforts to adapt the SDGs to their national contexts through “health in all policies” and whole-of-government approaches. Several Member States had embarked on health systems reform in order to pave the way towards universal health coverage. In some countries, reform efforts concentrated on primary health care, while others undertook social services reform at the same time. One representative stressed the need to track vulnerable and peripheral communities, migrants and populations on the move. Public health systems were being restructured in several countries. One representative reported on the recent adoption of a national sustainability strategy underpinned by the 2030 Agenda and on action taken to advance health promotion and prevention, including in kindergartens and schools and at the workplace.

The Deputy Prime Minister and former Minister of Health of Turkey described how his country’s successful Health Transformation Program, launched in 2003, was now being used to implement the health aspects of sustainable development at the national level. The Program had increased access to health care without large increases in cost to the Government; health spending stood at 5.4% of gross domestic product. Life expectancy at birth had risen to 78 years by 2015. More recently, the Turkish authorities had turned their attention to the quality and sustainability of health care. Universal health coverage had been achieved and patients were protected from high out-of-pocket payments and catastrophic health care costs. The Program for Improving Multisectoral Health Responsibility 2013–2023 defined the roles and responsibilities of all stakeholders, including civil society and academia, overseen by a committee chaired by the Prime Minister.

In order to attain the SDGs a new mindset was required, in which ministries of health would communicate health information to the public and coordinate the activities of other stakeholders. WHO could provide valuable political assistance in persuading governments to empower their health ministries for that task, as well as technical assistance for issues such as obesity and lack of physical activity, as it had successfully done for tobacco control. Health 2020 formed a good basis for realizing the opportunities to improve health offered by the SDGs.

A panel discussion on the ways in which various stakeholders might make use of the Roadmap was moderated by the Senior Fellow, Global Health Programme, Graduate Institute of International and Development Studies, Geneva, Switzerland. The panellists were representatives of regional stakeholder organizations.

The Secretary-General of the European Public Health Alliance said that self-regulation by industry had not succeeded in controlling obesity or alcohol misuse: instead, evidence-based, effective pricing and fiscal measures should be employed. A supportive government policy environment was required to break down the barriers of protectionism that defended commercial interests. She welcomed the emphasis on investment in the Roadmap: governments should make clear the potential profits, and not merely the costs, to be expected from effective preventive action. Governments should work with ethical and responsible investors, as had been done in the area of climate change, to commission research into antimicrobial resistance, NCDs and development of new drugs. It was essential to communicate with investors, ensure that they understood the risks of inaction and win their support.

The Director of the South-eastern Europe Health Network said that the WHO Roadmap would provide inspiration for the Network's own regional activities. The Chisinau Pledge: Health, well-being and prosperity in south-eastern Europe by 2030 in the context of the 2030 Agenda for Sustainable Development, adopted at the Fourth Health Ministerial Forum (Chisinau, Republic of Moldova, 3–4 April 2017), called for more investment in health information systems. Strategic partnerships promoted by WHO would be required for the implementation of the SDGs. Mental health was a particular concern in the subregion.

The representative of the WHO Regions for Health Network and Director of the Centre for Health and Development in Murska Sobota, Slovenia, described activities to reduce health inequalities linked with a regional economic development programme in the rural agricultural region of Murska Sobota. The activities combined sustainable food production and the use of healthy local foods in schools and kindergartens with a tourism campaign focusing on healthy restaurant dining and walking and cycling; they also aimed to promote healthy ageing and reduce social isolation. It was essential for all actors to communicate both vertically, with the levels above and below, and horizontally, with other sectors at the same level.

The Chief Executive of the WHO Healthy Cities Network Secretariat said that the Network operated at a political level, working with city mayors to engage all relevant sectors in order to influence the various determinants of health. She cited the example of a deprived area with a high suicide rate, poor public transport and a low rate of car ownership, which meant that people could not travel to access the available mental health services. The SDGs could transform development at the local level, but national governments must provide the necessary support for multiple sectors and different levels of government. It was important for the health sector to learn ways of communicating with other sectors in terms and in language that would engage their interest and commitment, and to provide local data that would be relevant for them.

The Regional Director, responding to the points raised, said that the success of the Health Transformation Program in Turkey was evidence of the importance of strong political will, leadership and accountability. The WHO Director-General was already forging contacts at the presidential and prime ministerial levels. She thanked Member States for their guidance on development of the joint monitoring framework. The Regional Office was conscious of the need to reduce the reporting burden on Member States by sharing data collected by OECD and other organizations. There were currently 35 entities, mostly Member States as well as the EU and OECD, were already participating in the WHO European Health Information Initiative, to provide strategic and technical guidance for the development of the joint monitoring framework before its circulation to Member States for consultation. Member States were invited to submit nominations for membership of the expert group, which would take into account the comments made and propose definitions and indicators for the joint monitoring framework. Data in the joint monitoring framework would be collated and published through the WHO European Health Information Gateway.

The European Issue-based Coalition on Health, which had held its first meeting in November 2016, aimed to share knowledge between WHO and organizations of the United Nations system, align policies and pool technical resources and expertise. The Regional Office had issued a number of fact sheets on joint action to attain the SDGs. In the area of public health, the Coalition of Partners Strengthening Public Health Capacities and Services in the European Region, which aimed to bridge the gap between statements of political commitment and the actual resources allocated to public health, was scheduled to hold its next meeting in

November 2017. More information on the Coalition's activities would be published in the Bulletin of the World Health Organization later in the year.

Statements were made by a representative of the International Federation of Red Cross and Red Crescent Societies, and by representatives of EuroHealthNet, Health Care Without Harm Europe, the International Federation of Medical Students' Associations (speaking also on behalf of the European Public Health Alliance, the International Association for Hospice and Palliative Care, the Studiorum Center for Regional Policy Research and Cooperation and the Worldwide Hospice Palliative Care Alliance), the International Network of Health Promoting Hospitals and Health Services (speaking also on behalf of the Clinical Health Promotion Centre), the International Pharmaceutical Students' Federation, the International Society of Nephrology (speaking also on behalf of the World Heart Federation), the World Organization of Family Doctors (speaking also on behalf of the Council of Occupational Therapists for the European Countries, the International Association for Hospice and Palliative Care, the World Federation of Occupational Therapists and the Worldwide Hospice Palliative Care Alliance) and the World Stroke Organization. Written statements were submitted by the International Association for Hospice and Palliative Care and the Worldwide Hospice Palliative Care Alliance, the World Heart Federation and the International Federation of Medical Students' Associations.

The Committee adopted resolution EUR/RC67/R3, taking into account the associated financial and administrative implications for the Secretariat detailed in documents EUR/RC67/9 Add.1 and EUR/RC67/9 Add.1 Corr.1.

## **Improving environment and health in the context of Health 2020 and the 2030 Agenda for Sustainable Development: outcomes of the Sixth Ministerial Conference on Environment and Health**

*(EUR/RC67/15, EUR/RC67/15 Add.1, EUR/RC67/15 Add.2)*

A video was shown, as part of the "Voices of the Region" series, describing the action taken by a local community in Copenhagen, Denmark, in the wake of repeated flooding in the city.

The Coordinator, Environment and Health, recalled that the WHO Director-General had identified the health impact of the climate and environmental change as one of his four priorities. A total of 1.4 million deaths in the WHO European Region each year were attributable to environmental risks, with half of those deaths due to air pollution. The environmental burden of disease carried considerable economic and social costs. Against that background, the Sixth Ministerial Conference on Environment and Health had been held in Ostrava, Czech Republic, from 13 to 15 June 2017. The Conference, organized by WHO jointly with UNECE and UNEP, had been attended by 350 delegates from Member States, 100 representatives of stakeholders and 220 observers from nongovernmental organizations, cities and regions.

Participants had reviewed the entire environment and health agenda and identified interventions that had the greatest potential for reducing premature mortality and preventable morbidity. In parallel, they had engaged in political negotiation to achieve a consensus on the commitments to be made. The main political outcome was the adoption of the Ostrava Declaration, complemented by a compendium of possible actions to advance the implementation of the Declaration and by revised institutional arrangements for the European Environment and Health Process.

The commitments undertaken in the Declaration revolved around four main areas: leveraging the European Environment and Health Process to achieve selected Sustainable Development Goals; addressing the “unfinished business” in environment and health in Europe; promoting coherence across all political levels and establishing inclusive platforms for dialogue; and developing national portfolios of action by 2018 and strong intersectoral coordination. To that end, the health sector had a crucial role to play in understanding and explaining environment and health risks; advocating for the inclusion of environment and health on government agendas; developing health systems that were capable of assessing and monitoring health risks and drawing up relevant norms and standards; mainstreaming environment and health in national health policies; and enhancing the environmental sustainability of health systems.

The UNEP Policy Partnership Coordinator moderated a panel discussion with four panellists: the Director-General of the National Center for Disease Control and Public Health of Georgia; the State Counsellor to the Prime Minister of Romania; the Chief, Operational Activities and Review Section, Environmental Division, UNECE; and the Senior Adviser, Ministry of Public Health, Qatar.

Responding to questions raised by the Moderator, the Director-General of the National Center for Disease Control and Public Health said that Georgia was committed to tackling environment and health problems. He recalled that his country had hosted the Eighth Environment for Europe Ministerial Conference, held in Batumi in June 2016. As a member of the European Environment and Health Ministerial Board in 2014–2015, he had been involved in initial discussions concerning the outcome document of the Sixth Ministerial Conference on Environment and Health, and had called for countries to be provided with guidance on how to give effect to the Ostrava Declaration. With support from the Regional Office and the WHO European Centre for Environment and Health in Bonn, Georgia had accordingly drawn up its second national environment and health action plan, which he hoped the Government would approve at the end of the year. Having signed an association agreement with the EU, Georgia was engaged in a “twinning” project, together with the governments of Italy and Poland and Public Health England, to harmonize national and EU legislation, especially in the field of environment and health. The German Federal Environment Agency was also assisting Georgia in modernizing its chemical legislation. Collaboration with international organizations was crucial.

With regard to intersectoral cooperation and translating the Ostrava Declaration into action, the State Counsellor to the Prime Minister of Romania noted that a vision for the future had been shaped at four international conferences held in 2015: the Third United Nations World Conference on Disaster Risk Reduction (Sendai, Japan); the Third International Conference on Financing for Development (Addis Ababa, Ethiopia); the United Nations Sustainable Development Summit (New York, United States of America); and the United Nations Climate Change Conference (Paris, France). Transforming that vision into a better life for future generations required a critical mass of stakeholders, who could be brought together by making the SDGs, and particularly SDG 3 (good health and well-being) more “fashionable”. In that connection, the parliamentary dimension should not be overlooked, since it offered a setting not only for endorsing the Declaration but also for coordinating all stakeholders and ensuring accountability and monitoring.

The Chief, Operational Activities and Review Section, Environmental Division, UNECE, agreed that the regional multilateral environmental instruments already in existence could help to address the challenges set out in the 2030 Agenda for Sustainable Development and

the Ostrava Declaration. Examples included the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes, adopted in 1999 and serviced jointly by WHO and UNECE; the Convention on Long-range Transboundary Air Pollution, with a joint Convention/WHO task force on health aspects operational since 1998 and protocols that set binding obligations on Member States; and voluntary commitments made at the Batumi Conference the previous year. The UNECE Convention on Access to Information, Public Participation in Decision-making and Access to Justice in Environmental Matters covered many of the points raised in the video film shown at the beginning of the discussion. Joint secretariats were in existence both for the Protocol on Water and Health and for the Transport, Health and Environment Pan-European Programme (THE PEP); the establishment of other similar mechanisms was a question to be decided by Member States, depending on the availability of resources.

The Senior Adviser, Ministry of Public Health, Qatar, expressed satisfaction that the Director-General had identified environment and health as a key challenge. Thanks to the vision of the Regional Director, the agenda had been moved upwards and, for the first time, prime ministers were expressing concern. The 2030 Agenda for Sustainable Development was leading to a more global vision of policy in the world. Networking of different sectors within a consistent framework was essential, as was political coherence within and among countries and in international organizations. Perhaps WHO had been somewhat ahead of its time, but if only a small part of what had been agreed could be implemented, that would result in a major change. The issue of climate change was becoming of paramount importance, and environmental security had to be pursued.

Summing up, the Moderator recognized the need for intersectoral interventions in order to implement the Ostrava Declaration, giving effect to all the commitments made in the past. SDG 17, covering systemic issues, called for policy and institutional coherence, multistakeholder partnerships and, above all, data, monitoring and accountability.

In the ensuing debate, representatives of Member States expressed gratitude to the Government of the Czech Republic, the Moravian-Silesian Region and the City of Ostrava for hosting the Sixth Ministerial Conference on Environment and Health. They welcomed the new commitments set out in the wide-reaching Ostrava Declaration, which represented a fresh regional dynamic that was in harmony with the 2030 Agenda for Sustainable Development. They commended the support given by the Regional Office, the WHO European Centre for Environment and Health and WHO country offices in developing and implementing national environment and health action plans and strategies. Numerous examples were given of areas in which countries had adopted legislation and regulatory instruments, including environmental security and chemical and biological safety, or where national strategies were being carried out (such as on endocrine disruptors).

All speakers underlined the need for environmental issues to be tackled using a multisectoral approach, involving the sectors of environment, economy, transport and agriculture, as well as regional, city and local authorities. One country had set up an intersectoral group and recommended the establishment of such a national coordinating body. The Regional Director was urged to pursue coordinated and concerted action with various organizations of the United Nations system, notably ILO and FAO, and with relevant multilateral processes, such as the Convention on Long-Range Transboundary Air Pollution and the Strategic Approach to International Chemicals Management. That message would be reiterated at the Third United Nations Environment Assembly, to be held in Nairobi, Kenya, in December 2017.

A holistic approach had been advocated in the Monaco Statement on “Health in all policies – Health in all SDGs: call for action on climate change”, adopted at the Third High-level Meeting of Small Countries (Monaco, October 2016). The seven areas prioritized in the Ostrava Declaration were all highly relevant in the effort to reduce the burden of disease from environmental risks. Nonetheless, one country had singled out indoor air quality, chemical safety, and safe and equitable access to water and sanitation in all settings used by children as the most important fields of action. The declaration adopted at the Budapest Water Summit 2016 corresponded closely with the priorities of the Ostrava Declaration, and there were synergies to be sought between those two processes. Support was expressed for the emerging concept of “planetary health” developed by The Rockefeller Foundation–Lancet Commission.

WHO was encouraged to continue to develop expertise in the area of environment and health. Research on the links between environment and health should be promoted and appropriate channels used to disseminate research findings, especially those targeting young people. It was suggested that environmental health issues could be incorporated in the joint external evaluation tool addressing the IHR, while external evaluations could help to fine tune national environment and health action plans. One speaker emphasized the importance of health impact assessment as a tool that could help policy-makers to identify the potential and often overlooked health effects of new laws, regulations, projects and programmes. WHO was seen as being in a position to make a solid investment case for aggressively promoting the implementation of the Ostrava Declaration.

One speaker recalled that in parallel to the European Environment and Health Task Force meeting, the International Youth Conference on Environment, Health and Mobility had been held in Vienna, Austria, in November 2016 and called for the continued involvement of young people in the area of environment and health. Reference was also made to the work under way within the framework of THE PEP to draw up a first pan-European master plan for cycling and to the Fifth high-level meeting on transport, health and environment to be held in Vienna in 2019.

A number of representatives welcomed the simplification of the structure of the European Environment and Health Process and the strengthening of the European Environment and Health Task Force. The Regional Director was requested to continue exploring, with UNECE and UNEP, the possibility of establishing a unified process and to report on that matter to the Regional Committee at its 68th session.

Responding to comments made, the Regional Director pledged to speed up implementation and work with Member States on developing portfolios of actions. Cooperation with ILO and FAO on chemicals would be strengthened, and health impact assessment would continue to be an integral part of the work of the Regional Office.

Statements were made by representatives of EuroHealthNet and the World Organization of Family Doctors, Health Care Without Harm, Medicus Mundi International, the World Federation of Occupational Therapists and the European Organization for Occupational Therapists. A written statement was submitted by the World Federation of Neurology.

The Committee adopted resolution EUR/RC67/R4.



## **Towards a sustainable health workforce in the WHO European Region: framework for action**

*(EUR/RC67/10, EUR/RC67/10 Add.1)*

A short video was shown, as part of the “Voices of the Region” series. It recounted the story of a student midwife in Malta whose commitment to her profession, clients and patients and the continuous improvement of her skill was an encouraging example of what was needed for the future health workforce.

The Director, Division of Health Systems and Public Health, introducing the item, said that a transformed and operational health workforce was the beating heart of any health system and the cornerstone of universal health coverage. The framework for action was woven into the context of global initiatives such as the United Nations High-Level Commission on Health Employment and Economic Growth and “Working for Health”: A Five-Year Action Plan for Health Employment and Inclusive Economic Growth (2017–21). In the wake of adoption of the SDGs and the Global Strategy on Human Resources for Health: Workforce 2030, the global policy focus on the health workforce was unprecedented. The health workforce was a powerful driver of economic growth and social change.

Employment in health had increased steadily over the past decade, partly owing to population ageing and emerging health needs. People-centred health systems, innovative health care delivery and a performing health workforce were critical and could only be achieved through intersectoral cooperation. A functioning health workforce was not a goal in itself, but a critical enabler for universal health coverage. He drew attention to the Fourth Global Forum on Human Resources for Health, to be held in Dublin, Ireland, from 13 to 17 November 2017, which would be an important milestone in global consultations on the matter. The framework for action was supported by a toolkit that focused largely on specific regional evidence and provided Member States and other stakeholders with structured access to effective strategies, planning tools and case studies of human resources for health practice that could be adapted to national priorities. The development of a sustainable health workforce contributed positively to the attainment of the SDGs and was a powerful equalizer for gender and women’s rights.

The ensuing panel discussion on the framework for action towards a sustainable health workforce in the WHO European Region was moderated by the Head, International Relations Unit, Belgian Federal Public Service of Health, Food Chain Safety and Environment. The Director, Health Workforce Department at WHO headquarters, and the Head, International and European Affairs, Directorate-General for Health, Ministry of Solidarity and Health, France, participated as panellists.

The moderator invited the panellists to offer their views on the way in which the regional framework could feed into global reflections and help respond to health workforce challenges and support policy action at the national level.

The Director, Health Workforce Department at WHO headquarters, said that there was a strong evidence base for action. On the political level, the High-level Commission on Health Employment and Economic Growth had concluded that investing in the health workforce yielded positive returns for inclusive economic growth. In order to develop an operational health workforce, the health, education, finance and labour sectors needed to work together. Implementation of universal health coverage was a political decision, with governance being an important factor. A range of resolutions adopted by WHO and other international bodies and the recent decision by G20 health ministers to place health at the top of the agenda had

created additional momentum. The technical, political and governance tools were at hand and the time had come to move to national implementation. The European Region had already made some progress, as evidenced in the current issue of *Public Health Panorama*, which focused on the health work force, but issues such as remuneration and working conditions remained a challenge. The proposed framework for action and the attendant resolution would reinforce efforts to move from the global and regional to the national level and put the evidence base into action.

The Head, International and European Affairs, Directorate-General for Health, Ministry of Solidarity and Health, France said that strengthening the health workforce was a gradual process. Implementation must be monitored constantly to ensure that the action taken had the desired effect. The framework for action was a useful tool in that regard and must be operationalized. In order to obtain results, it was important to move beyond resolutions. France's new Government had adopted an ambitious national policy to make its health workforce fit for the future. Health workers would be trained to deliver integrated people-centred care, increasing primary health care services and using modern treatment modalities. In doing so, emphasis had been placed on improving access to health services across the country. Action taken to address the shortage of qualified health workers in rural areas included clustering health care professionals, organizing rural placements for medical students, promoting telemedicine and offering incentives for trained professionals to practice in rural areas. Training curricula had been revised to take account of contemporary challenges and place greater emphasis on health promotion and disease prevention, continuing training throughout their career, improved living conditions and employment security and better human resource management. The Association of Francophone Universities was launching a pilot project to link the training of health workers, health systems strengthening and IHR implementation. The initiative might serve as an inspiration to others.

In the ensuing discussion, representatives praised the framework for action as a useful mechanism to support Member States in attaining the strategic objectives set out in the Global Strategy on Human Resources for Health and to accelerate progress towards the implementation of Health 2020 and the 2030 Agenda. The framework constituted a suitable response to existing and emerging challenges. The High-Level Commission on Health Employment and Economic Growth and the Five-Year Action Plan for Health Employment and Inclusive Economic Growth (2017–21) were useful instruments to support health workforce policy-making. In order to make progress towards creating a sustainable health workforce, the recommendations of the High-Level Commission should be acted on and work undertaken to attain the objectives of the Global Strategy. The Fourth Global Forum on Human Resources for Health was an important opportunity for representatives of the health, education, finance and labour sectors from around the world to gather and discuss "Building the Health Workforce of the Future"; Member States were encouraged to attend.

Representatives concurred that an integrated, intersectoral approach and coordinated participation of civil society, nongovernmental organizations and the private sector were vital. They also referred to a range of multistakeholder arrangements aimed at strengthening public health and human resource capacities, including subregional health networks, common labour strategies, networks of medical universities, public health institutions, associations, schools and faculties, and the planned establishment of a regional health development centre. There was broad support for the toolkit currently under development, which was expected to be a shared resource containing a range of options for Member States to choose from and adapt, in accordance with their national circumstances, needs and labour market dynamics.

Representatives reported on actions taken by their governments to develop a sustainable health workforce. Some had made work in rural areas a priority, with a focus on consolidating primary health care services and improving qualification of health workers. Others described institutional arrangements made to facilitate health workforce development. One Member State had established accreditation centres in all regions, created a federal register of medical staff and a single health information system, and set up e-libraries. Attention was drawn to the issues of gender inequality, geographical maldistribution of the health workforce, gaps in quality and decent work. Representatives unanimously recognized the need to adapt the health workforce to deal with emerging challenges such as demographic change, chronic and multiple disease burdens, the impact of climate change and the rapid spread of communicable diseases.

One representative reported that her country had implemented far-reaching reforms in the training of health workers to take account of emerging needs. Another suggested that countries with large migrant populations should train health workers to deliver culturally sensitive health care services and take measures to overcome linguistic barriers to care. The traditional focus on ever-growing specialization was seen as unhelpful. Most of the time, health professionals used only a small portion of their competencies, which left them frustrated and rendered the health system expensive and unmanageable. It was crucial to reverse that trend and design forward-looking approaches to meet future health needs. A growing proportion of services delivered were related to addressing the complex health and social needs of elderly persons. A further shift of demand towards caregivers capable of delivering comprehensive services to the ageing population was expected, and training curricula must be adapted to meet that demand.

The value of health promotion, disease prevention and integrated people-centred services was highlighted. Services must be delivered by a strong, capable, well educated, well recognized and well remunerated health workforce. For some countries, international health worker mobility and “brain drain” were detrimental to the sustainability of their health systems. In some instances, the problem was compounded by the growing health needs of aging populations. Measures taken to mitigate the human resource crisis mainly involved improvement of training and education, working conditions, remuneration and career prospects. In one country, steps had been taken to make the nursing profession more attractive by expanding competencies, which also helped cost-effectiveness and improved the quality of service delivery. One representative noted that participatory social, family, education and cultural policies could be useful to attract young people. Despite considerable investment in human resources for health, several countries continued to record doctor to patient and nurse to patient ratios that were well below the regional average. Geographical distribution was also an issue. In some countries, the most recent economic crisis had gone hand-in-hand with hiring freezes imposed on public sector employees, which had resulted in a shrinking health workforce. In order to counter those trends, representatives agreed that the health, social welfare, finance and labour sectors and civil society must coordinate their actions. In order to stem the tide of health worker emigration, representatives noted the importance of adherence to the Global Code of Practice on the International Recruitment of Health Personnel and ethical recruitment practices. Member States needed a common vision. It might also be useful to develop a shared database on mobility indicators and exchange information on health worker mobility. The Programme Manager of Human Resources for Health, Division of Health Systems and Public Health, thanked the Standing Committee of the Regional Committee for the guidance provided during development of the framework for action and the toolkit. She also expressed her gratitude to Member States for their solidarity with others,

their leadership in promoting the WHO Global Code of Practice on the International Recruitment of Health Personnel, and their active participation in the High-Level Commission on Health Employment and Economic Growth.

The Director, Division of Health Systems and Public Health, said that the European Region featured many champions of human resources for health. He thanked the Russian Federation, in particular, for its productive cooperation through the WHO Collaborating Centre for Health Systems and Public Health at the Federal Research Institute for Health Organization and Informatics of the Russian Ministry of Health. The Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era, scheduled to be held in Moscow, Russian Federation, on 16 and 17 November 2017, would provide a useful opportunity to advance health personnel development and lay the basis for moving towards universal health coverage.

The Director-General said that without a sustainable health workforce there could be no universal health coverage. Both quantity and quality were important. The health workforce must be seen as an essential building block of health systems, and its development must be integrated into national health strategies. Health worker shortages must not be seen globally but analysed by category. Primary health care professionals were at the frontline of service delivery, and renewed commitment was needed to train them. Training courses for primary health care workers were typically of shorter duration and should be given priority, so that shortages could be remedied promptly. In high-income countries, the shortage of skilled health workers was due not to a lack of resources but to a mismatch between supply and demand. Investment in needs-based training was therefore crucial. In order to prevent high-income countries from “poaching” health workers in low- and middle-income ones, strict compliance with the Global Code of Practice on the International Recruitment of Health Personnel was in order. In addition, high-income countries could help disadvantaged countries increase health worker availability by supporting relevant initiatives. Cross-country cooperation and solidarity were important, as many problems had a cross-border dimension and could only be resolved together.

Statements were made by representatives of the International Federation of Medical Students' Association (speaking also on behalf of Health Care Without Harm, the International Pharmaceutical Students' Federation and the World Federation for Medical Education) and Medicus Mundi International (speaking also on behalf of the Alliance for Health Promotion, Alzheimer's Disease International, the Studiorum Center for Regional Policy Research and Cooperation, the Council of Occupational Therapists for the European Countries, the European Forum of National Nursing and Midwifery Associations, the European Public Health Alliance, the European Public Health Association, the International Association for Hospice and Palliative Care, the World Federation for Medical Education, the World Federation of Occupational Therapists, the World Organization of Family Doctors and the Worldwide Hospice Palliative Care Alliance).

Written statements were submitted by the European Forum of National Nursing and Midwifery Associations, the European Public Health Association, Health Care Without Harm Europe, the International Federation of Medical Students' Associations, and Medicus Mundi International (also on behalf of the European Public Health Alliance, the World Federation for Medical Education and the World Organization of Family Doctors).

The Committee adopted resolution EUR/RC67/R5.

## **Strengthening Member State collaboration on improving access to medicines in the WHO European Region**

*(EUR/RC67/11)*

A short video was shown, as part of the “Voices of the Region” series, on the financial sustainability challenges to Austria’s social security system stemming from new expensive medicines. It offered the payer’s perspective, noting that even for mature systems in high income countries, such as Austria, many medicines are becoming too expensive.

The Director, Division of Health Systems and Public Health, introduced the item, noting that in some countries of the Region one month’s supply of medication for hypertension could cost one month’s salary. Member States should provide access to medicines in a financially sustainable manner, which was a particular challenge for new, high-priced medicines treating conditions such as cancer and hepatitis C. A number of international commitments had been adopted, including the Ljubljana Charter on Reforming Health Care and the Tallinn Charter: Health Systems for Health and Wealth, which included aspects on the importance of improving access to medicines throughout the Region. Member States were now also entering into voluntary subregional agreements, including the joint procurement arrangements adopted through the Valetta Declaration and the Visegrad Plus project, and by the Nordic Medicines Forum and the BeneluxA group (Austria, Belgium, Luxembourg and the Netherlands). Additionally, in November 2016 in Minsk, Belarus, the ministries of health of 12 eastern European and central Asian countries had adopted a consensus statement on expanding and scaling up access to affordable, quality-assured medicines for HIV and tuberculosis.

WHO had a long history of engagement on the access to medicines. Current initiatives relating to quality assurance and the regulation of medicines, pricing and reimbursement, drug utilization, antimicrobial resistance and strategic procurement, included two summer schools on pricing and reimbursement policies hosted by the WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies, based at the Austrian Public Health Institute, and the Fair Pricing Forum 2017 that had been co-hosted by WHO and the Government of the Netherlands (Amsterdam, 11 May 2017). Access to medicines would be relevant for the WHO European High-level Meeting on how health systems respond to noncommunicable diseases (Sitges, Spain, 16–18 April 2018), the conference to celebrate the 10th anniversary of the Tallinn Charter (Tallinn, Estonia, 13–14 June 2018) and the conference to mark the 40th anniversary of the Declaration of Alma-Ata to be held in Almaty, Kazakhstan, in October 2018.

In the subsequent discussion, a representative of a Member State that was due to assume the presidency of the Council of the European Union in 2018 said that his Government would promote cross-border cooperation on access to medicines and would seek to increase the transparency of pricing and make clear the true costs of research and development by initiating a regional mapping exercise together with Member States, European partners, experts and researchers, industry representatives and other relevant stakeholders. His Government would aim to arrive at a European Real Price Database by building on work of the WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies. With health technology assessment being at the very base of every reimbursement decision his Government would support the development of common standards and mutual recognition of assessments as well as a commonly applied definition of added therapeutic value. Research and development should be evidence-based and responsive to medical needs, with public

health authorities having a stronger role in steering research investment and determining medical areas in public research funding more effectively.

Representatives stressed the importance of quality assurance of medicines through schemes such as the WHO prequalification of medicines programme, and stressed the dangers of counterfeit drugs. Several representatives asked the Regional Office for assistance in bringing their countries' legislation and institutions relating to medicines into line with WHO's good regulatory practices, or EU or Eurasian Economic Union standards. One representative requested support in reviewing their country's national essential medicines list. National essential medicines lists should be drawn up to reflect local patterns of resistance to antibiotic, antiretroviral and antituberculosis medicines.

Many representatives called for more widespread exchanges of information and experiences between Member States and greater transparency about the true costs of research and development (R&D) of medicines, potentially extending to full public disclosure of all R&D costs. They expressed concern about the high cost of innovative medicines, and noted that some medicines were in short supply in certain countries because of parallel exports, or were not marketed at all because of the manufacturer's business strategy in the country concerned.

Several representatives highlighted the important role of WHO in facilitating discussion about and analysis of possible alternative business and price models, while at the same time promoting the use of biosimilars and generic medicines. Cooperation between and joint action by Member States, which was essential when approaching the pharmaceutical industry, must nevertheless remain entirely voluntary; it would require political commitment, adequate resources and mutual trust between countries. The industry could, however, be a partner.

Representatives drew attention to existing regional cooperation mechanisms, including the political declaration adopted by Croatia, the Czech Republic, Hungary, Lithuania, Poland and Slovakia in March 2017 on cooperation in the area of fair and affordable pricing and the Valletta Declaration for better access to medicines, signed in May 2017 by the ministers of health of Cyprus, Greece, Italy, Malta, Portugal and Spain. The Baltic states had engaged in joint procurement of vaccines since 2012.

The Director, Division of Health Systems and Public Health, responding to the points raised, noted the many requests for reliable health evidence. His department was preparing a report on reimbursement policies and measures to protect vulnerable groups. He commended Member States for the many regional initiatives which had been mentioned, particularly the consensus statement on medicines for HIV and tuberculosis adopted in Minsk in November 2016, which was one of the few initiatives originating from outside the EU. The normative work of WHO in the medical products area remained crucial. It would be valuable to pursue closer cooperation with the Eurasian Economic Community.

Statements were made by representatives of Doctors Without Borders, Stichting Health Action International (speaking also on behalf of the European Public Health Alliance, the International Federation of Medical Students' Associations, Medicus Mundi International and the Studiorum Center for Regional Policy Research and Cooperation), the Thalassaemia International Federation and the World Heart Federation.

Written statements were submitted by the International Association for Hospice and Palliative Care and the Worldwide Hospice Palliative Care Alliance, and by the International Federation of Medical Students' Associations.

The Committee adopted decision EUR/RC67(1).

## **Accelerating implementation of the International Health Regulations (2005) and strengthening laboratory capacities for better health in the WHO European Region**

*(EUR/RC67/13, EUR/RC67/8)*

A short video was shown, as part of the “Voices of the Region” series, describing the work of a health ministry official in Georgia responsible for implementation of the IHR.

The Director, Division of Health Emergencies and Communicable Diseases, introducing the item, said that following the 66th session of the Regional Committee, the Regional Office Secretariat had begun to develop regional priorities on IHR implementation as the foundation for scaling up the capacity of countries that would range from prevention and preparedness to response, recovery and sustainability, under the guidance of the subgroup established by the Standing Committee. The technical document under discussion (EUR/RC67/13) had gone through extensive consultations with Member States and stakeholders, with several priority actions identified to foster accelerated implementation of the IHR in the WHO European Region.

The overall aim was to strengthen the IHR core capacities for better detection, preparedness and response. The guiding principles were: alignment with the vision and values of the SDGs and Health 2020; strong linkages with health systems strengthening and essential public health functions; addressing humanitarian and infectious hazards alike, with an all-hazard preparedness and response; a whole-of-government and whole-of-society approach, as well as improved partnerships; and support to priority countries, based on their vulnerability and mapping of risks.

The document defined five priority areas. The first area, acceleration of country implementation of the IHR, included strengthening the capacity of national IHR focal points and building health systems that enabled IHR capacities. The second area, improved monitoring, evaluation and reporting on IHR core capacities, incorporated not only annual reporting but also simulation exercises, voluntary external evaluations and after-action reviews. The third area, improved event management, aimed at ensuring a strong chain of health security at the local level and included risk assessment and risk communication. The fourth component focused on strengthening laboratory capacities for better detection and verification (the WHO Better Labs for Better Health Initiative). The fifth area was to strengthen WHO capacity to support IHR implementation.

In the ensuing discussion, representatives commended the work of the new WHO Health Emergencies Programme and WHO initiatives to support Member States in implementing IHR through the exchange of good practices and know-how. The SDGs, Health 2020 and universal health coverage were closely interrelated and formed an important platform for promotion and acceleration of multisectoral measures for implementation of the IHR.

Representatives welcomed the technical document under consideration, which provided a good basis for developing a regional action plan aligned with the forthcoming five-year global strategic plan. They agreed that high-vulnerability, low-capacity countries should be a WHO priority for supporting preparedness, building capacity and allocating resources. One representative called for the document to distinguish more clearly between recommendations

for Member States and concrete measures that would be carried out by the Regional Office Secretariat, and for more attention to be paid to further improving compulsory self-assessment.

Appreciation was expressed for the work done by the Regional Office to support the assessment of IHR core capacities through a combination of self-assessment, peer review and joint external evaluations. While one Member State was in favour of establishing a formal monitoring and evaluation mechanism, as well as tools that could be adapted for use by all Member States, others cautioned that a universal tool for all countries, regardless of their level of development, posed certain challenges. A number of speakers reported that their countries had recently undergone or participated in simulations or joint external evaluations (in one case, immediately before being confronted with an emergency situation caused by a fire in a chemical waste warehouse), and they testified to the benefits of that exercise. The scoring mechanism could, however, be improved and more time should be allocated to prepare for the evaluation.

Speakers drew attention to the value of bilateral agreements for improving rapid detection of and response to cross-border health threats; one representative noted that significant financial assistance in that area had been provided to neighbouring countries in the previous three years. “Big data” systems should be used for identification, surveillance, monitoring and intervention in IHR events, with attention also paid to cyber security. Emphasis was placed on the importance of close cooperation with relevant partners such as the EU and its Framework for Health Security. A simulation and training exercise, organized by ECDC, would be held later in the year, with participants also coming from southern Europe and the Balkans. WHO’s role in managing coordination with partner organizations should be spelt out in the forthcoming action plans.

Representatives reported on measures taken in their countries in the context of implementation of the IHR, including the establishment of intersectoral working groups (inter alia, for developing a national strategy and action plan on antimicrobial resistance); optimization of legislation and the adoption of new laws on mandatory vaccinations; measures to strengthen immunization and the cold chain; and the introduction of systems and tools for monitoring food products and for risk assessment. One representative noted that health security had been placed high on the agenda of his country’s presidency of the Group of 20 (G20); a simulation exercise with health ministers had been carried out at the summit meeting in May 2017. With regard to strengthening laboratory capacities, national policies and action plans were being elaborated, accreditation was being carried out at the national level by several countries, and national reference laboratories were being set up.

One representative, speaking on behalf of the Member States in the South-eastern Europe Health Network (SEEHN), reported the intention to establish an SEEHN platform on cross-border collaboration for public health services, including all-hazard preparedness and response.

Responding to points raised, the Director, Division of Health Emergencies and Communicable Diseases, welcomed comments and said that an inclusive and transparent process of continuous improvement, with the involvement of all Member States, would be coordinated by WHO. The document represented an interim proposal by the Secretariat to accelerate action for IHR implementation in the WHO European Region, intended to cover the period leading up to adoption of the global action plan.



## **Governance in the WHO European Region**

*(EUR/RC67/14)*

The Regional Director presented the report on governance reform, which had been prepared with the guidance of the SCRC subgroup on governance. To strengthen the alignment between work at the global and regional levels, the Regional Office proposed adopting a case-by-case approach to considering whether a given global policy required adaptation to the regional context, taking into account the programmatic and cost implications. The Regional Office would submit proposals in that regard to the Standing Committee for potential inclusion in the multiyear forward-looking agenda for the Regional Committee. Member States would consider the rolling agenda at the open session of the Standing Committee in May each year, and they would be able to discuss the proposed regional adaptation of global policies at the Regional Committee. The regional forward-looking agenda would be aligned with the agendas of the global governing bodies.

Under current procedures, the written report on the work of the regional committees, submitted to the Executive Board, received limited attention. The Regional Director therefore proposed that key messages from the Regional Committee should be the subject of a brief oral presentation to the Executive Board, to inform the Board's discussions. Regarding the high-level regional meetings held each year, the SCRC had considered whether and under what conditions the outcome documents or declarations emanating from those meetings should be referred to the Regional Committee. The process and criteria agreed by the Standing Committee were outlined in the report currently before the Regional Committee. The SCRC had trialled that process by reviewing, against the agreed criteria, the outcome of the Sixth Ministerial Conference on Environment and Health.

The Regional Director proposed that the process for the preparation of documents for Regional Committee sessions should be limited to two streamlined web-based consultations: the first on working documents for the Regional Committee, which would be open for one month early in the year; and the second on the draft resolutions, for one month after the open session of the SCRC in May. Lastly, the report on WHO performance in countries would become a standing item on the Regional Committee's agenda. The presence of the heads of WHO country offices at the current session of the Regional Committee was particularly welcome and afforded an excellent opportunity for Member States to learn more about their work. The network of national counterparts oversaw technical implementation of WHO policies at the country level and provided valuable feedback to the Regional Office.

In the discussion that followed, participants thanked the Regional Director and the SCRC for their leadership on governance matters. The measures proposed in the report were appropriate and would enhance the effectiveness of the Regional Office. The European Region was setting a high standard on governance, with numerous best practices that could be applied at the global level and would be of benefit to the whole of WHO. Despite the progress made, the momentum for governance reform should not be lost, particularly in the context of development of GPW13, and every effort should be made to ensure that transparency and accountability remained at its heart.

The strategic alignment of work at the global and regional levels was particularly important; participants supported the proposal to take a case-by-case approach to assessing whether there was any added value in adapting a particular global policy for regional implementation, or whether it was already covered by the Regional Office's programme of work. The multiyear rolling agenda for meetings of the Regional Committee had facilitated a more manageable

schedule, and the halt to the increase in agenda items for Regional Committee sessions was welcome. Member States should be mindful when submitting resolutions at the global level, since all resolutions had implications for the Organization. The adoption of resolutions should not be reduced to a question of mobilization of funds.

Participants welcomed the initiative to revise the procedure for reporting to the Executive Board on the work of the regional committees. One representative cautioned, however, that the Executive Board's agenda and programme of work would need to be revised to find time for oral presentations. With regard to high-level regional meetings, the proposed criteria for establishing whether an outcome document should be presented to the Regional Committee were welcome. The Standing Committee should not just decide whether the item should be taken up by the Regional Committee but should also provide input into the Regional Committee's deliberations on the matter. Care should be taken when organizing high-level meetings not to overburden Member States: staffing constraints at the national level could limit the number of meetings that participants were able to attend each year. One representative, speaking on behalf of the EU and its Member States, asked what was meant by "officially appointed high-level government representatives". Another representative, speaking on behalf of the Nordic and Baltic countries, underlined that the final decision on whether to adopt or endorse an outcome declaration from a high-level meeting always must rest with the Regional Committee itself.

While the increased transparency of the proposed revised procedure for web-based consultations on Regional Committee working documents and draft resolutions was welcome, care should be taken not to overburden Member States, particularly those with small delegations, at busy periods of the year. Regional Committee documentation should be limited to no more than eight policy documents per session. One representative pointed out that, given the multilingual nature of the WHO European environment, it was particularly important that there was a clear, common understanding of the Regional Committee's decisions and their expected outcomes. Lastly, representatives underscored the importance of devoting more attention to WHO's work in countries. The country presence report was a valuable tool for understanding programmatic needs, in respect of action and resources alike. Time spent with heads of country offices during the current Regional Committee session had been very worthwhile, and communication in that regard should be strengthened, perhaps by organizing country visits for members of the SCRC.

The Regional Director replied that the strategic future of country offices was a key priority for the Director-General and would be considered in the global context. Discussions would begin in the Global Policy Group. She agreed, however, that country offices deserved greater visibility and that SCRC country visits would be useful. She had taken note of the concerns raised regarding the large number of high-level meetings and constraints on delegations with regard to attendance. The term "officially appointed" meant that the representative must have received specific instructions from the relevant ministry to represent it at the high-level meeting. The Global Policy Group had agreed that a plan was needed at the global level to ensure there was no overlap or duplication between conferences. On preparations for the Regional Committee, the timeframe for consultations was not particularly flexible, owing to the SCRC's meeting schedule. Member States would have a further opportunity to consider Regional Committee documents at the open session of the Standing Committee each May. A representative, speaking on behalf of the Nordic and Baltic countries, underlined the need for concise documents and proposed that reports to the Regional Committee should be subject to the same limits as those for the Executive Board and the Health Assembly.

The Committee adopted resolution EUR/RC67/R6.

## **Partnerships for health in the WHO European Region**

*(EUR/RC67/17 Rev.1)*

A video was shown, as part of the “Voices of the Region” series, on participation by non-State actors in the work of WHO in the European Region, including at the Regional Committee.

The Executive Manager, Strategic Partnerships, and WHO Representative to the European Union said that the emphasis on intersectoral activities in the SDGs and the adoption of the Framework of Engagement with Non-State Actors by WHO at the global level had created new opportunities for the establishment and expansion of partnerships at all levels.

The Regional Office hosted the European Observatory on Health Systems and Policies, which brought together Member States, academia and civil society, and would continue to work closely with it.

Collaboration with organizations of the United Nations would increase as a result of the expansion of the United Nations Regional Coordination Mechanism. WHO was the lead agency for the health-related SDGs and participated in United Nations activities for gender equality. At the country level, WHO worked with United Nations country teams, particularly through its Health Emergencies Programme.

Close links were maintained with the EU. The Regional Office had signed a memorandum of understanding with the European Union’s Committee of the Regions, which operated at the regional and city levels. Beyond the EU, it also collaborated with the Commonwealth of Independent States and the Eurasian Economic Union.

The maintenance and expansion of transformative partnerships at all levels and with all sectors would require capacity-building for WHO staff so that they could support WHO country offices in their expanded role. The draft resolution contained in document EUR/RC67/Conf.Doc./7 Rev.1 included a change to Rule 2 of the Committee’s Rules of Procedure to allow accreditation of international, regional and national non-State actors not in official relations with WHO, so that the latter could participate in sessions of the Regional Committee. It was proposed that applications for accreditation should be submitted to the Regional Office by December each year, reviewed by the SCRC the following March and approved by the Regional Committee at its regular session in September.

A statement was made by the representative of the International Federation of Medical Students’ Associations.

The Committee adopted resolution EUR/RC67/R7.

## **Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board**

*(EUR/RC67/6 Rev.1, EUR/RC/Inf.Doc./3, EUR/RC/Inf.Doc./4, EUR/RC/Inf.Doc./5)*

The European member of the Executive Board designated to attend sessions of the Standing Committee as an observer reported that the Seventieth World Health Assembly had adopted resolutions and decisions in technical areas of importance to the European Region. In programme budget category 1 (Communicable diseases), the Health Assembly had adopted resolution WHA70.14 on strengthening immunization to achieve the goals of the global vaccine action plan. Since the adoption of the European Vaccine Action Plan by the Regional Committee in 2015, steady progress had been made in the Region, but accelerated action and political commitment were still needed. The Regional Office's scaled-up actions to support Member States and develop a coherent strategy to address the challenges faced by middle-income countries were welcome.

In category 2 (Noncommunicable diseases), resolution WHA70.11 addressed the preparations for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018. NCDs had long been high on the regional agenda, and Health 2020 contained key elements for monitoring and reporting. With cancer being among the leading causes of mortality in the Region, the commitment to tackle exposure to cancer risk factors and promote early detection undertaken through resolution WHA70.12 was fully in line with Health 2020. Deafness and hearing loss were also a growing challenge in the Region, as people were increasingly exposed to noise in occupational and recreational settings, and the population was ageing. Given that there was currently no single programme specific to the European Region in that regard, resolution WHA70.13 could provide useful guidance. The main principles reflected in the Report of the Commission on Ending Childhood Obesity: implementation plan, as set out in decision WHA70(19), were also fully in line with Health 2020. Many good practices were being implemented at the regional level and could be scaled up. Decision WHA70(17) contained the global action plan on the public health response to dementia, which was highly relevant to the European Region, where dementia was placing an increasing burden on health and social systems. It also tied in well with the strategy and action plan for healthy ageing in Europe, 2012–2020.

In category 4 (Health systems), the World Health Assembly had adopted resolution WHA70.15 on promoting the health of refugees and migrants. The strategy and action plan for refugee and migrant health in the WHO European Region had been the first of its kind, and the best practices, experiences and lessons learned from its implementation would feed into the forthcoming draft global action plan.

Lastly, under category 5 (Preparedness, surveillance and response), resolution WHA70.7 dealt with improving the prevention, diagnosis and clinical management of sepsis. There was a proposal to develop a regional plan on vector control, and resolution WHA70.16 on global vector control response provided useful input in that regard.

The regional implications of the following decisions and resolutions were covered under other policy and technical items on the Regional Committee's agenda: implementation of the International Health Regulations (2005) (decision WHA70(11)); progress in the implementation of the 2030 Agenda for Sustainable Development (decision WHA70(22)); the role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond (decision WHA70(23)); and human resources for health

and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth (resolution WHA70.6).

In the ensuing discussion, representatives recalled the legitimacy and binding nature of the IHR and the importance of national focal points. IHR implementation and reporting on diseases and events was crucial for global health security. Country ownership, an intersectoral approach and partnerships were also vital. National "whole-of-government" plans for building capacity in preparedness and response to all health hazards needed to be developed and aligned with national budget cycles and donor coordination early in the process, while awareness-raising measures in other sectors could be helpful in implementing a whole-of-government approach. Mounting an efficient response to health emergencies was a high priority, and response capacities must be strengthened in all countries, especially those most at risk. Integration of the IHR into national health systems was crucial. Strengthening core capacities, including essential public health functions, should be an integral part of health system strengthening and work towards universal health coverage. In order to achieve regional integration, cooperation with regional organizations was essential. Member countries of the EU were bound by regional instruments concerning cross-border threats to health and stood ready to work with the Regional Office and WHO headquarters on issues related to preparedness and capacity-building.

Participants expressed their strong support for the strategic approach for integrated global vector control and response, considering the increasing burden of vector-borne diseases in the European Region. The development of a regional plan for presentation to RC68, however, was perceived as premature. The first report on implementation of the regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases, 2014–2020, was scheduled for 2018. Given that the Regional Committee would at its 68th session have before it a progress report on the implementation of the regional framework, it would be opportune to hold an in-depth discussion on the added value of a regional plan on vector control response on that occasion, also drawing on lessons learned from that exercise. One representative reported that his country was directly affected by re-emerging vector-borne diseases and described efforts to address that challenge. The Regional Office might wish to consider accelerating review and data collection. The establishment of a subgroup on vector control within the Standing Committee of the Regional Committee would also be useful.

There was support for the guiding principles and pillars related to the development of a draft five-year global strategic plan to improve public health preparedness and response. However, the IHR self-assessment tool needed to be complemented with additional instruments such as a voluntary external evaluation, which should be carried out in such a way that it accommodated Member States' potential sensitivities, including the need for a resource-efficient preparatory process. Prior to the formal consultation with Member States scheduled to be held in November 2017, the Secretariat might wish to explore informally with them where it might be possible to find common ground, especially in the area of monitoring and evaluation. The Secretariat should chair those consultations. The Review Committee on the Role of the International Health Regulations (2005) had pointed to several opportunities for strengthening implementation, and Member States must agree on a way forward in that crucial work at the Seventy-first World Health Assembly.

With regard to developing voluntary global performance targets for road safety risk factors and service delivery mechanisms, it was noted that there was additional need for action as the fatality rate among unprotected road users continued to increase, including in high-income

countries. However, one delegation suggested a zero vision rather than a goal of zero deaths. Reporting responsibilities needed to be clearly defined and a reporting cycle needed to be agreed.

A statement was delivered by representatives of Alzheimer's Disease International.

## **Progress reports**

### **Category 2 (Noncommunicable diseases)**

*(EUR/RC67/8)*

Participants welcomed the progress reports under category 2. One representative described measures taken by her Government to introduce a levy on drinks containing more than 5 grams of sugar. As a result, manufacturers had begun to reduce the sugar content of their products, and it was expected that by the time the levy came into force, 40% of drinks on the market would no longer be subject to the levy. The revenue raised from the levy would be used to fund projects to reduce childhood obesity. Another representative, speaking on behalf of the Nordic and Baltic countries and Slovenia, pointed out that, despite a continuous decrease since the adoption of the WHO Global Strategy to Reduce the Harmful Use of Alcohol, consumption in the European Region remained the highest in the world. Efforts must be made to address cross-border purchases, marketing and labelling, through concerted cooperation between Member States in the Region.

The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, welcomed the example of the levy on sugar-sweetened beverages and said that certain brands of soft drinks when purchased in some countries in the Region contained some 20 grams of sugar less than they did when sold in others. More would be done to develop fiscal policies and restrict marketing to children. The Regional Office was committed to working with the Presidency of the EU Council to develop guidance on alcohol labelling and would be issuing a publication on alcohol policy in action later in the year.

Statements were made by representatives of the International Federation of Medical Students Associations (speaking also on behalf of the European Public Health Alliance, IOGT International and the Studiorum Centre for Regional Policy Research and Cooperation), and of the International Society of Nephrology (speaking also on behalf of the European Public Health Alliance, the World Cancer Research Fund International and the World Heart Foundation).

A written statement was submitted by IOGT International.

## **Regional plan for implementation of Programme budget 2018–2019 in the WHO European Region**

*(EUR/RC67/16 Rev.1, EUR/RC67/19, EUR/RC67/Inf.Doc./2)*

The Director, Division of Administration and Finance, said that the coming biennium would be the last under GPW12 and would continue to build on the priorities identified therein, with a focus on the unfinished agenda of the biennium 2016–2017. For the current biennium, 85% of the budget for the European Region was financed and further resources expected. While the financing of the approved budget was still behind schedule, the implementation of available funds was on track. The proportion of highly specified funding had increased, which had led

to the continued misalignment of funding and priorities. Donor priorities had also changed. The European Region continued to rely on a small number of donors. The 2016 internal control self-assessment had been completed, the risk register for 2016–2017 had been updated and risk management had been integrated into planning for the coming biennium. Work on the recommendations of the internal audit was ongoing.

For 2018–2019, the European Region had a share of the Organization's total budget approved at 6%, which amounted to a 2% increase over 2016–2017, owing to the new Health Emergencies Programme, implementation of the strategic budget space allocation model, and prioritization. Based on bottom-up planning, the highest rated priorities were in line with the main priorities of the GPW12, Health 2020 and the SDGs. Operational planning for 2018–2019 includes mapping deliverables and results to the SDG targets, in order to monitor and report on those targets, and the resulting maps would be linked to the biennial collaborative agreements between countries and WHO. There were slight decreases in the budget in some areas, which had resulted from adjustments made to ensure realistic budgeting.

The financing of the Programme budget 2018–2019 seems to be in line with previous biennia. Some serious imbalances remained masked, by well financed programmes that received highly specified funding. The Regional Office would continue to exercise due diligence over the strategic use of flexible resources, in particular to cover core staff salaries and underfunded programme areas. Funding gaps needed to be further investigated, with consideration of the Office's contribution to the achievement of outcomes, value for money and possible improvements to the alignment between resource mobilization and priorities, all with a focus on the country level. Benchmarking and indicators were the main means of programmatic accountability in the Region. Baselines and targets were currently under review, and the monitoring framework would be ready for presentation to the Regional Committee at its next session.

Participants welcomed the information document on the implementation of the Programme budget 2016–2017, which presented an excellent overview of the Regional Office's funds and priorities. The timely availability of the document constituted an improvement in governance, which could serve as an example to other regions. The scale-up of the WHO Health Emergencies Programme was positive, and participants agreed that the main share of those funds should be used for capacity-building at the country level. Access to basic health care was a key means to avoid future pandemics; the fact that the envelope for category 4 (Health systems) remained the largest was therefore positive. The increase in funding for NCDs in the European Region, despite the overall scaling down of that category across the Organization, was welcome. The focus on strengthening category networks was also commendable.

Concerns were raised with regard to the financing of Programme budget 2018–2019, particularly with regard to the mobilization of flexible funding, since the proportion of highly earmarked resources was increasing. It was hoped that the donor landscape would broaden. Further information about the intention to focus resource mobilization at the country level would be welcome.

The Director, Division of Administration and Finance, welcomed the comments made. Further information about the mobilization of resources to finance the programme budget for the 2018–2019 biennium would be available later in the year and would be reported to the next sessions of the SCRC.

## **Keep the World Safe, Improve Health, Serve the Vulnerable – Draft concept note towards WHO’s Thirteenth General Programme of Work 2019–2023**

*(EUR/RC67/18)*

The Director, Planning Resource Coordination and Performance Monitoring at WHO headquarters, introduced the draft concept note and solicited feedback from Member States. He invited representatives to support the proposal to hold a special session of the Executive Board on 22–23 November 2017. Recalling the nature and purpose of the GPW, he said that although prioritization was complex, high-level policy directions for the forthcoming period were already well defined. GPW13 would be shaped by the SDGs, the priorities identified in the Director-General’s vision and a strategic review of existing global and regional commitments. A major shift would take place towards an increased focus on outcomes and impacts, and clear priority-setting. WHO would become more operational, with countries firmly at the centre of its work, while its normative and technical functions would also be strengthened. The Organization would provide political leadership with a strong focus on equity. He encouraged participants to support the proposed fast track process. If approved by the Seventy-first World Health Assembly and adopted in time, the GPW13 could facilitate a rapid transition from planning to implementation, shape the Programme budget 2020–2021 and provide a framework for timely and coherent resource mobilization.

In the ensuing discussion, representatives welcomed the draft concept note, commending its timeliness and the transparency of the consultation process. While there was broad support for the objectives and priorities identified, some representatives requested greater clarity and conciseness. The proposal to hold a special session of the Executive Board in November 2017 was supported unanimously. The preparation of GPW13 was seen as a unique opportunity to further reform and strengthen WHO, a progress which needed to be fully aligned with wider reform efforts across the United Nations. There was strong support for the focus on strategic priorities, especially the proposed alignment with the SDGs. At the same time, attention was called to the need to identify activities and initiatives due for deprioritization.

Representatives underlined the particular relevance of universal health coverage, health systems resilience, the fight against antimicrobial resistance, women’s, children’s and adolescents’ health, and sexual and reproductive health and rights. They also called for greater emphasis on the environmental determinants of health and the promotion of healthy lives for all at all ages. One representative requested that the language of the SDGs should be used when referring to sexual and reproductive health and reproductive rights. Another highlighted the vital importance of data collection, expressing strong support for the proposal to re-engineer the data architecture and suggesting that the European Health Information Initiative could serve as a best practice model at the global level. Repeated reference was made to the crucial importance of sufficient flexible financial resources.

Representatives requested additional information on the methodology to be used to assess WHO contribution to health outcomes and on options for resource mobilization. There was some concern over the proposal to make WHO more operational since WHO’s core function as a normative and technical agency needed to be upheld. Further information was requested on the how that normative function would be strengthened. That notwithstanding, there was support for operationalizing WHO in certain circumstances, including during the early stages of an emergency. Clarification was requested on how the proposal to place countries at the centre of WHO’s work would be implemented. Concerns were raised over accountability, and



one representative noted that operations at the country level should be set in a context of close cooperation with other United Nations entities. The value of expanding partnerships with a broad range of non-State actors was mentioned.

The Director-General, responding to the comments made, said that Member States' valuable feedback would be taken on board as the proposals set forth in the draft concept note were refined further. The initiative to fast-track the adoption of GPW13 stemmed from a sense of urgency to reform. In response to concerns about the lack of reference to certain priorities, he said that the GPW was mainly intended to provide strategic direction. With the SDGs, and thus the drive towards universal health coverage, at its heart, many of the priorities not specifically mentioned in the draft concept note would be covered. Responding to concerns that the operationalization of WHO might detract from its core functions, he assured representatives that the Organization's normative function would be further strengthened while simultaneously making it operational where needed. He agreed that keeping a balance between the two was crucial. A focus on prevention and investment in primary health care would be paramount. The global rise of NCDs also required urgent attention, as did antimicrobial resistance. He encouraged Member States to attend the forthcoming Global Conference on Noncommunicable Diseases scheduled to be held in Montevideo, Uruguay, from 18–20 October 2017. The risk factors and remedies were well known, and political intervention at the highest level was needed to advance efforts to combat NCDs, including by addressing their commercial determinants.

He called for Member States' cooperation with regard to de-prioritization. Relevant action could be taken only if initiatives were identified for de-prioritization and managers were willing to relinquish programmes. Member States' cooperation was also crucial to enhance the efficiency of the Executive Board. If non-Members of the Board were willing to delegate responsibility and place their trust in Board Members to represent their interests, proceedings would be far more efficient. Likewise, better use should be made of the Bureau, which could act as an interface between Member States and the Secretariat between sessions. Trust among Members and functional mechanisms were vital to enable the shift in governance needed to make WHO fit for purpose.

A statement was made by a representative of the International Association for Hospice and Palliative Care.

## **Elections and nominations**

*(EUR/RC67/7)*

### **Executive Board**

The Committee decided that Finland, Germany, Israel and Romania would put forward their candidatures to the Seventy-first World Health Assembly in May 2018 for subsequent election to the Executive Board.

### **Standing Committee of the Regional Committee**

The Committee selected Denmark, Hungary, Lithuania and Uzbekistan for membership of the SCRC for a three-year term of office from September 2017 to September 2020.

## **Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction**

The Committee selected the Czech Republic for membership of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction for a three-year period from 1 January 2018.

## **Confirmation of dates and places of regular sessions of the Regional Committee**

The Committee adopted resolution EUR/RC67/R8, by which it reconfirmed that that the 68th session would be held in Rome, Italy, from 17 to 20 September 2018, and decided that the 69th session would be held in Copenhagen, Denmark, from 16 to 19 September 2019, the 70th session would be held from 14 to 17 September 2020 (location to be decided) and the 71st session would be held in 2021 (exact date and location to be decided).

## **Closure of the session**

A representative of one Member State, speaking on behalf of all those present, expressed deep appreciation to the Prime Minister and Government of Hungary for hosting the session, to the Director-General and Regional Director for a well prepared session, and to all representatives of Member States, partner organizations and civil society for their active participation in the work of the Committee.

## Resolutions

### **EUR/RC67/R1. Interim report of the Regional Director on the work of WHO in the European Region 2014–2015**

The Regional Committee,

Having reviewed the Regional Director's interim report on the work of WHO in the European Region in 2016–2017<sup>1</sup> and the overview of implementation of programme budget 2016–2017<sup>2</sup>;

1. THANKS the Regional Director for these reports;
2. EXPRESSES its appreciation of the work done by the Regional Office in the 2016–2017 biennium;
3. REQUESTS the Regional Director to take into account and reflect the suggestions made during the discussions at the 67th session of the WHO Regional Committee for Europe when developing the Organization's programmes and carrying out the work of the Regional Office.

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<sup>1</sup> Document EUR/RC67/5.

<sup>2</sup> Document EUR/RC67/Inf.Doc./2.

### **EUR/RC67/R2. Report of the Twenty-fourth Standing Committee of the Regional Committee for Europe**

The Regional Committee,

Having reviewed the report of the Twenty-fourth Standing Committee of the Regional Committee for Europe;<sup>1</sup>

1. THANKS the Chairperson and the members of the Standing Committee for their work on behalf of the Regional Committee;
2. INVITES the Standing Committee to pursue its work on the basis of the discussions held and resolutions and decisions adopted by the Regional Committee at its 67th session;
3. REQUESTS the Regional Director to take action, as appropriate, on the conclusions and proposals contained in the report of the Standing Committee, taking fully into account the proposals and suggestions made by the Regional Committee at its 67th session, as recorded in the report of the session.

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<sup>1</sup> Documents EUR/RC67/4 Rev.1 and EUR/RC67/4 Rev.1 Add.1.

## **EUR/RC67/R3. Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being**

The Regional Committee,

Reaffirming the importance of the adoption of Transforming our world: the 2030 Agenda for Sustainable Development<sup>1</sup> and recognizing that the Sustainable Development Goals (SDGs) and targets are integrated, indivisible, global in nature and universally applicable;

Reaffirming that Health 2020, the European policy framework for health and well-being, adopted in September 2012,<sup>2</sup> and other relevant WHO global and regional strategies and action plans encompassing the health-related targets of the SDGs provide a framework for implementing the 2030 Agenda;

Emphasizing that the 2030 Agenda provides a renewed commitment and an integrated, multisectoral approach to further implementing Health 2020;

Understanding that this resolution replaces and supersedes resolution EUR/RC66/R4;

1. **ADOPTS** the roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy framework for health and well-being;<sup>3</sup>
2. **AGREES** to adopt a joint monitoring framework<sup>4</sup> for the SDGs, Health 2020 and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 that is based on existing reporting requirements;
3. **URGES** Member States:<sup>5</sup>
  - (a) to strengthen leadership, governance and investment for health in order to achieve the highest attainable standard of health and well-being for all at all ages and for future generations;
  - (b) to prioritize health and well-being for all at all ages in national development strategies and to integrate the SDGs and Health 2020 into national and subnational health policies, strategies and plans;
  - (c) to reduce health inequities by addressing all determinants of health, using life-course, culture-sensitive, gender-responsive and rights-based approaches and taking action through universally progressive policies and legislation and empowerment of people;
  - (d) to increase institutional capacity, to build and engage effective, accountable and transparent institutions and to strengthen collaboration with partners and stakeholders;
  - (e) to strengthen the mobilization and effective use of national resources and to coordinate international assistance effectively, where appropriate;

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<sup>1</sup> United Nations General Assembly resolution 70/1.

<sup>2</sup> Resolution EUR/RC62/R4.

<sup>3</sup> Documents EUR/RC67/9 and EUR/RC67/9 Corr.1.

<sup>4</sup> Information document EUR/RC67/Inf.Doc./1 Rev.1.

<sup>5</sup> And, where applicable, regional economic integration organizations.

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- (f) to implement a whole-of-government approach, strengthening collaboration with non-health sectors, to take integrated action towards the achievement of multiple SDGs and to ensure that policies and measures taken in non-health sectors address health and the social, environmental and economic determinants of health;
  - (g) to implement a whole-of-society approach, engaging local communities, civil society and all relevant stakeholders in the design and management of places, settings and communities addressing needs consistent with health, well-being and equity throughout the life-course;
  - (h) to continue towards achieving universal health coverage and strengthening health systems as drivers of equitable health improvements at the population level; and
  - (i) to strengthen national information systems for health and to support the process of reporting on the SDGs;
4. CALLS ON international, intergovernmental and nongovernmental organizations, including civil society and professional associations, from within the health sector and beyond to engage in and to support the implementation of this resolution;
5. REQUESTS the Regional Director:
- (a) to support Member States, when requested, in the development, revision and implementation of national development plans and national and subnational health policies, strategies and plans;
  - (b) to work closely with Member States<sup>5</sup> to define the best ways to improve intersectoral governance for health, equity and well-being, ensuring equal opportunities and equal conditions for all at all ages;
  - (c) to provide a core package of SDG-related technical resources, knowledge and tools;
  - (d) to provide further support in order to build on the work of strengthening health systems and to assist Member States in bolstering their public health capacities and operations in line with *Facing the future: opportunities and challenges for 21st-century public health in implementing the SDGs and the Health 2020 policy framework*;<sup>6</sup>
  - (e) to strengthen implementation through partnerships and networks and to collaborate with all agencies and relevant stakeholders as outlined in the roadmap;
  - (f) to promote regional cooperation in science, technology and innovation in order to enhance knowledge sharing and translation, and facilitate exchanges of experiences including best practice examples, emphasizing the importance of collaboration among countries, sectors and networking mechanisms, including twinning arrangements; and
  - (g) to report to the Regional Committee on the implementation of the resolution every two years, starting in 2019 and ending in 2029.

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<sup>6</sup> Background document for the 67th session of the Regional Committee for Europe.

## EUR/RC67/R4. Declaration of the Sixth Ministerial Conference on Environment and Health

The Regional Committee,

Recalling WHO Regional Committee for Europe resolution EUR/RC60/R7 on the future of the European Environment and Health Process (EHP) and other resolutions on environment and health;<sup>1</sup>

Recalling resolution EUR/RC62/R4, adopting Health 2020: a European policy framework supporting action across government and society for health and well-being,<sup>2</sup> in which creating supportive environments and resilient communities is one of four priority areas;

Recalling the adoption of Transforming our world: the 2030 Agenda for Sustainable Development,<sup>3</sup> which established the Sustainable Development Goals (SDGs), and the targets under SDG 3 and other targets tackling the broader health determinants, in particular those related to the environment;

Noting that the commitments under the Declaration of the Sixth Ministerial Conference on Environment and Health<sup>4</sup> support the implementation of the 2030 Agenda and the United Nations Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, as well as World Health Assembly resolutions that address environment and health issues;<sup>5</sup>

Aware of the need to further strengthen efforts to attain the targets of the Fifth Ministerial Conference on Environment and Health, held in Parma, Italy, in 2010, while addressing emerging environment and health challenges;

Welcoming the cooperation and synergy between the EHP and relevant international processes towards the achievement of the health and environment-related SDGs, notably the follow-up to the Eighth Environment for Europe Ministerial Conference, held in Batumi, Georgia, on 8–10 June 2016, and the third meeting of the United Nations Environment Assembly on the theme “Towards a pollution-free planet”, to be held in Nairobi, Kenya, on 4–6 December 2017;

Welcoming the strengthening and formalizing of the links between the EHP and the governing bodies of the United Nations Economic Commission for Europe and WHO;

Understanding that this resolution replaces and supersedes previous Regional Committee resolutions on environment and health, namely, resolutions EUR/RC49/R4, EUR/RC54/R3 and EUR/RC60/R7;

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<sup>1</sup> Resolutions EUR/RC49/R4 and EUR/RC54/R3 on environment and health, which endorsed the outcomes of the third and fourth ministerial conferences on environment and health, held in London, United Kingdom, and in Budapest, Hungary, in 1999 and 2004, respectively.

<sup>2</sup> Document EUR/RC62/9.

<sup>3</sup> United Nations General Assembly resolution 70/1.

<sup>4</sup> Declaration of the Sixth Ministerial Conference on Environment and Health. Ostrava: WHO Regional Office for Europe, 15 June 2017 (Declaration, accessed 9 August 2017).

<sup>5</sup> Declaration of the Sixth Ministerial Conference on Environment and Health, Annex 1, Appendix 1, entitled “Overview of international commitments of relevance to the European Environment and Health Process”, contains a list of relevant WHO resolutions.

1. THANKS the European Environment and Health Task Force and the European Environment and Health Ministerial Board for their roles in steering the EHP in the WHO European Region between the fifth and sixth ministerial conferences on environment and health and the Government of the Czech Republic, the Moravian-Silesian Region and the City of Ostrava for hosting the Sixth Ministerial Conference on Environment and Health, held in Ostrava on 13–15 June 2017;
2. RECOGNIZES the work of the WHO Regional Office for Europe as the secretariat of the EHP since 1989 and of the WHO European Centre for Environment and Health, Bonn, Germany, in providing expertise and technical assistance to Member States, partners and the general public towards the implementation of the commitments made through the EHP and globally;
3. ENDORSES the Declaration;
4. URGES Member States:<sup>6</sup>
  - (a) to implement the Declaration, to develop, as appropriate, national portfolios of actions on environment and health by the end of 2018, in the form of stand-alone policy documents or a part of other texts, as tools to strengthen the national implementation of the commitments made under the Declaration, including the two annexes, and to make a marked improvement in health and well-being in the European Region through the adoption and implementation of evidence-based environmental and health policies, taking into account the precautionary principle;
  - (b) to actively participate in and to use the EHP as an intersectoral, international and inclusive process and platform for the implementation of the environmental and health-related goals and targets of the 2030 Agenda, in line with the provisions of Annex 2 to the Declaration;
  - (c) to pursue the targets of the Fifth Ministerial Conference on Environment and Health, held in Parma, Italy, on 10–12 March 2010;
  - (d) to advance the coherent implementation of existing commitments and partnerships at the regional and global levels, in particular those resulting from the EHP and from relevant resolutions of the World Health Assembly and the Regional Committee for Europe,<sup>5</sup> as well as conventions and related international instruments jointly implemented by the environment and health sectors;
  - (e) to allocate the necessary means, within their capacities, for the achievement of the objectives of the EHP and of the Declaration;
5. CALLS on international institutions and intergovernmental and nongovernmental organizations, including civil society institutions and professional associations, to support the implementation of this resolution;
6. REQUESTS the Regional Director:
  - (a) to pursue the aims and to promote the values of the Declaration, taking into account the principles in paragraph 3 of Annex 1;
  - (b) to work with Member States, regions and cities, through strategic partnerships and networks, across the policies of all sectors and to integrate the environmental

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<sup>6</sup> And, where applicable, regional economic integration organizations.

determinants of health and well-being into the public health agenda, particularly in the area of noncommunicable diseases;

- (c) to take account of, and to develop synergy with, existing international initiatives in this area, including those led by the European Union, the Organisation for Economic Co-operation and Development, the Strategic Approach to International Chemicals Management, the United Nations Economic Commission for Europe and the United Nations Environment Programme;
- (d) to continue to act as the secretariat of the EHP, as set out in the Declaration and Annex 2 on institutional arrangements for the EHP, and in close collaboration with the United Nations Economic Commission for Europe and the United Nations Environment Programme;
- (e) to report annually to the WHO Regional Committee for Europe and, at its request, to the Committee on Environmental Policy of the United Nations Economic Commission for Europe on the progress of the EHP and its achievements;
- (f) to support the implementation of the commitments made at the Sixth Ministerial Conference on Environment and Health from the WHO programme budget, while making every effort to mobilize voluntary contributions to that end.

## **EUR/RC67/R5. Towards a sustainable health workforce in the WHO European Region: framework for action**

The Regional Committee,

Recalling World Health Assembly resolution WHA69.19 on the Global Strategy on Human Resources for Health: Workforce 2030,<sup>1</sup> including its key strategic objectives and urgent appeal to engage across sectors to coordinate an intersectoral health workforce agenda;

Recalling the report of the United Nations High-Level Commission on Health Employment and Economic Growth,<sup>2</sup> setting out 10 recommendations and five immediate actions on transforming the health workforce for the achievement of the Sustainable Development Goals (SDGs);

Reaffirming the Five-year Action Plan for Health Employment and Inclusive Economic Growth (2017–2021),<sup>3</sup> which serves as a mechanism to coordinate and to advance the implementation of the High-Level Commission's recommendations, in line with the Global Strategy and with the support of WHO, the International Labour Organization and the Organisation for Economic Co-operation and Development;

Acknowledging the need to continue to implement the WHO Global Code of Practice on the International Recruitment of Health Personnel;<sup>4</sup>

Further recalling the Ljubljana Charter on Reforming Health Care in Europe,<sup>5</sup> the Tallinn Charter: Health Systems for Health and Wealth<sup>6</sup> and the strategic document Priorities

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<sup>1</sup> Document A69/38.

<sup>2</sup> *Working for health and growth: investing in the health workforce*. Geneva: World Health Organization; 2016 (<http://www.who.int/hrh/com-heeg/reports/report-Commission/en/>, accessed 17 August 2017).

<sup>3</sup> See document A70/18, Annex; adopted in resolution WHA70.6.

<sup>4</sup> See document A63/8, Annex; adopted in resolution WHA63.16.



for Health Systems Strengthening in the WHO European Region 2015–2020,<sup>7</sup> which identifies the health workforce as a foundation for strengthening health systems in order to ensure that they are people-centred, accelerate health gains, reduce health inequalities, guarantee financial protection and ensure efficient use of social resources;

Recalling resolution EUR/RC59/R4 urging Member States to increase their efforts to develop and implement sustainable health workforce policies, strategies and plans as a critical component of health systems strengthening;

Recognizing that health and social care workers are essential to building strong and resilient health systems, contributing to the achievement of the SDGs, and that investment in the health workforce has multiple effects that enhance inclusive economic growth, both locally and globally, contributes to the implementation of the 2030 Agenda for Sustainable Development and fosters progress on achievement of the SDGs;

Underlining the primary responsibility of Member States to provide equitable access to quality health services and to ensure affordable and quality service delivery, in particular through primary health care and social protection mechanisms, in collaboration with the international community and with a view to providing access for all, especially the vulnerable or marginalized, such as women and children;

1. ENDORSES document EUR/RC67/10, entitled “Towards a sustainable health workforce in the WHO European Region: framework for action”, which seeks to accelerate progress towards the values and objectives of Health 2020, the European policy framework for health and well-being, and of the 2030 Agenda by sustaining a transformed and effective health workforce within strengthened health systems;
2. URGES Member States:<sup>8</sup>
  - (a) to accelerate efforts towards achieving a sustainable health workforce, guided by the framework for action, and to provide strong national leadership, enabled by an evidence-informed strategic approach to managing change, underpinned by political commitment:
    - (i) to transform education and training and optimize the performance, quality and impact of health workers;
    - (ii) to align investment in human resources for health with the current and future needs of the population and of health systems through labour market analysis and effective planning;
    - (iii) to build the institutional capacity for effective policy stewardship and governance of human resources in order to develop and maintain a sustainable health workforce;
    - (iv) to improve the evidence base and strengthen data for and the application of analytical approaches to health workforce dynamics, policy and planning;
  - (b) to engage the relevant sectors and to ensure intersectoral mechanisms at the national and subnational levels for secure investments in and effective implementation of the four

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<sup>5</sup> Adopted at the WHO European Conference on Health Care Reforms (Ljubljana, Slovenia, 1996).

<sup>6</sup> Adopted at the WHO European Ministerial Conference on Health Systems (Tallinn, Estonia, 2008).

<sup>7</sup> Document EUR/RC65/13.

<sup>8</sup> And, where applicable, regional economic integration organizations.

- strategic health workforce objectives of the framework for action, aligned with the commitments under the Global Strategy;
- (c) to act forthwith on the High-Level Commission's recommendations, immediate actions and the Five-year Action Plan for Health Employment and Inclusive Economic Growth, with the support of WHO, the International Labour Organization and the Organisation for Economic Co-operation and Development, as appropriate and consistent with national contexts, priorities and specificities;
3. CALLS ON international, intergovernmental and nongovernmental organizations, including professional associations, from within the health sector and from other sectors, to engage in and to support the implementation of the framework for action and the toolkit;
4. REQUESTS the Regional Director:
- (a) to collaborate with Member States<sup>8</sup> and to provide, upon request, technical support for their efforts to achieve a sustainable health workforce;
- (b) to provide support to Member States for the implementation of the framework for action and the application of the toolkit and to ensure the ongoing development of the toolkit;
- (c) to foster intercountry collaboration and to facilitate the exchange of information and good practice on human resources for health among Member States and relevant stakeholders and international partners;
- (d) to monitor and evaluate progress towards achieving a sustainable health workforce in the WHO European Region and to report to the Regional Committee on the progress made in accordance with the milestones established by the Global Strategy, aligned with reporting on the WHO Global Code of Practice.

## **EUR/RC67/R6. Governance in the WHO European Region**

The Regional Committee,

Recalling resolution EUR/RC60/R3, adopted in September 2010, requesting the Standing Committee of the WHO Regional Committee for Europe to initiate a cycle of comprehensive reviews of governance in the WHO European Region and to report back to the Regional Committee on lessons learned in this regard at such intervals as the Standing Committee deems appropriate;

Mindful of the request of Member States at the 66th session of the Regional Committee in September 2016 to limit the number of technical resolutions on the agenda of the Regional Committee and to reconsider the underlying guiding principles for the inclusion on the agenda of new policy documents and resolutions on declarations by ministerial or high-level regional conferences;

Having considered the report on governance in the WHO European Region;<sup>1</sup>

1. ENDORSES the recommendations concerning the regional implications of global policies, contained in paragraphs 4–9 of document EUR/RC67/14;

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<sup>1</sup> Document EUR/RC67/14.

2. REQUESTS the Regional Director to bring relevant global policies, strategies and action plans adopted by the World Health Assembly to the attention of the Regional Committee under the standing agenda item “Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board”, highlighting the following points:

- (a) the programmatic implications of the global policy for the European Region;
- (b) previous Regional Committee resolutions that address the same or similar issues and how the new global policy may affect them;
- (c) recommendations as to whether and how the global policy requires adaptation to the regional context through a formal implementation plan to be adopted by the Regional Committee, setting out options as appropriate;
- (d) the implications of a regional implementation plan for Member States in terms of additional actions, commitments and reporting requirements;
- (e) the financial and administrative implications for the Regional Office in the light of available resources; and
- (f) oversight by the Regional Committee regarding the implementation of the global strategy in the European Region, with or without a separate implementation plan;

3. ENDORSES the recommendations on aligning the agenda of the Regional Committee with that of the WHO Executive Board and the World Health Assembly, contained in paragraphs 11–13 of document EUR/RC67/14;

4. REQUESTS the Regional Director to revise the regional multi-year agenda of the Regional Committee, as proposed in paragraphs 14–15 of document EUR/RC67/14;

5. FURTHER ENDORSES the proposals on raising the profile of the reports of the Regional Committee to the Executive Board, contained in paragraph 21, and the proposed schedule for web-based consultations on Regional Committee documents and resolutions, contained in paragraphs 27–28 of document EUR/RC67/14;

6. APPROVES the recommendations on declarations adopted by regional conferences, contained in paragraphs 22–25 of document EUR/RC67/14;

7. DECIDES that declarations adopted by regional conferences shall be considered only if the Regional Committee, based on the advice of the Standing Committee, is satisfied that the regional conferences fulfilled the following criteria:

- (a) the drafting process for the declaration or outcome document shall be transparent and inclusive, namely, at least two thirds of Member States in the European Region shall be involved in drafting the final text and all comments or objections addressed shall be made available to Member States;
- (b) sufficient time shall be allowed for consultation on and negotiation of the draft declaration or outcome document with Member States prior to the conference;
- (c) the conference shall be attended by officially appointed high-level government representatives; and
- (d) the Standing Committee shall be involved in the drafting process of the declaration or outcome document, which it shall discuss prior to the conference.

## EUR/RC67/R7. Partnerships in the WHO European Region

The Regional Committee,

Recalling resolution EUR/RC60/R4 on partnerships for health in the WHO European Region, which urged the further development and implementation of a strengthened partnership strategy to build coalitions for health to the benefit of all countries in the European Region;

Acknowledging the considerable progress made in the European Region to strengthen strategic collaboration and agreements with all major partners;

Having considered the report on partnerships for health in the WHO European Region<sup>1</sup> and acknowledging the renewed focus on transformative partnerships and alignment with the Sustainable Development Goals;

In welcoming resolution WHA69.10 on the Framework of Engagement with Non-State Actors, adopted by the Sixty-ninth World Health Assembly;

1. DECIDES, in accordance with paragraph 57 of the Framework of Engagement with Non-State Actors,<sup>2</sup> to establish a procedure to grant accreditation to international, regional and national non-State actors not in official relations with WHO to participate in meetings of the Regional Committee;
2. ADOPTS to that end the procedure laid out in document EUR/RC67/17 Rev.1, Annex 1;
3. REPLACES the following sentence of Rule 2 of the Rules of Procedure of the Regional Committee for Europe:

The Regional Director, in consultation with the Regional Committee, may also invite nongovernmental organizations to participate in the deliberations of the Committee as provided in section 5 of the “Principles governing relations between the World Health Organization and nongovernmental organizations”.

with the following text:

Non-State actors admitted into official relations with the World Health Organization pursuant to the Framework of Engagement with Non-State Actors are invited to participate in the sessions of the Regional Committee, as provided for in paragraph 55 of the Framework of Engagement. The Regional Committee may also adopt a procedure granting accreditation to other international, regional and national non-State actors not in official relations with the World Health Organization to participate in its meetings provided that the procedure is managed in accordance with the relevant provisions of the Framework of Engagement;

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<sup>1</sup> Document EUR/RC67/17 Rev.1.

<sup>2</sup> WHO’s Framework of Engagement with Non-State Actors (FENSA). In: About WHO/WHO’s engagement with non-State actors [website]. Geneva: World Health Organization; 2017 (<http://www.who.int/about/collaborations/non-state-actors/en/>, accessed 4 August 2017).

4. AGREES that the above amendment to Rule 2 of the Rules of Procedure of the Regional Committee for Europe shall come into immediate effect following the closure of the 67th session of the Regional Committee;

5. REQUESTS the Regional Director to report, for information purposes, to the Regional Committee at its 68th session in 2018 on the implementation of operative paragraph 1 of this resolution.

## **EUR/RC67/R8. Date and place of regular sessions of the Regional Committee for Europe in 2018–2021**

The Regional Committee,

Recalling resolution EUR/RC66/R13 adopted at its 66th session;

1. RECONFIRMS that the 68th session shall be held in Rome, Italy, from 17 to 20 September 2018;
2. DECIDES that the 69th session shall be held in Copenhagen, Denmark, from 16 to 19 September 2019;
3. DECIDES that the 70th session shall be held from 14 to 17 September 2020, location to be decided;
4. FURTHER DECIDES that the 71st session shall be held in 2021, exact dates and location to be decided.

## **Decisions**

### **EUR/RC67(1). Strengthening Member State collaboration on improving access to medicines in the WHO European Region**

The Regional Committee,

In view of the increasing challenges faced by Member States of the WHO European Region to ensure equitable access to safe, effective, quality and affordable medicines;

Referring to the findings of the report Access to new medicines in Europe: technical review of policy initiatives and opportunities for collaboration and research,<sup>1</sup> highlighting the increasing number of new medicines introduced, particularly for chronic diseases, and the costs to national health systems; and of the report Challenges and opportunities in improving access to medicines through efficient public procurement in the WHO European Region,<sup>2</sup>

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<sup>1</sup> Access to new medicines in Europe: technical review of policy initiatives and opportunities for collaboration and research. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/Health-systems/health-technologies-and-medicines/publications/2015/access-to-new-medicines-in-europe-technical-review-of-policy-initiatives-and-opportunities-for-collaboration-and-research-2015>, accessed 14 August 2017).

<sup>2</sup> Challenges and opportunities in improving access to medicines through efficient public procurement in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (<http://www.euro.who.int/en/publications/abstracts/challenges-and-opportunities-in-improving-access-to-medicines-through-efficient-public-procurement-in-the-who-european-region-2016>, accessed 14 August 2017).

highlighting the importance of strengthening procurement and supply management as an essential component of access to quality medicines at affordable prices, as described in document EUR/RC67/11;

1. WELCOMES the report on strengthening Member State collaboration on improving access to medicines in the WHO European Region (document EUR/RC67/11) as a vital part of the health systems strengthening agenda of Health 2020, the European policy for health and well-being, with its focus on equity, and of the 2030 Agenda for Sustainable Development with the commitment “to ensure that no one is left behind”;
2. SUPPORTS the focus of the WHO Regional Office for Europe on technical support on pricing and reimbursement, strategic procurement, and information-sharing and mutual learning as three key areas for action in promoting the efforts of Member States and in facilitating their collaboration on the advancement of the access to medicines agenda in the European Region;
3. SUPPORTS the proposed WHO actions described in document EUR/RC67/11, depending on the resources available;
4. RECOGNIZES the primary role of Member States in taking action in these key areas with the support of the Regional Office, working with other relevant initiatives of partners such as the European Commission and the Organisation for Economic Co-operation and Development as appropriate, understanding that political commitment, resources and mutual trust among Member States will be essential for successful collaboration;
5. CALLS FOR the Regional Office to assess the interest and commitment of Member States in these areas for the 2018–2019 biennium, while ensuring synergy and continuity with global processes and directions, in particular the outcomes of the Executive Board and the World Health Assembly sessions in 2018.

## **Annex 1. Agenda**

### **1. Opening of the session**

- (a) Election of the President, the Executive President, the Deputy Executive President and the Rapporteur
- (b) Adoption of the provisional agenda and the provisional programme

### **2. Addresses**

- (a) Address by the Regional Director and interim report on the work of the Regional Office since the 66th session of the Regional Committee for Europe
- (b) Address by the Director-General
- (c) Keynote speech by Her Royal Highness The Crown Princess of Denmark
- (d) Keynote speech by Mr Xavier Prats Monné, Director-General for Health and Food Safety, European Commission

### **3. Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board**

### **4. Report of the Twenty-fourth Standing Committee of the Regional Committee for Europe**

### **5. Policy and technical topics**

- (a) Roadmap to implement the 2030 Agenda for Sustainable Development, building on the Health 2020 policy framework
  - Facing the future: opportunities and challenges for 21st-century public health in implementing the Sustainable Development Goals and the Health 2020 policy framework
  - Joint monitoring framework
- (b) Improving environment and health in the context of Health 2020 and the 2030 Agenda for Sustainable Development: outcomes of the Sixth Ministerial Conference on Environment and Health
- (c) Towards a sustainable health workforce in the WHO European Region: framework for action
- (d) Strengthening Member State collaboration on improving access to medicines in the WHO European Region
- (e) Accelerating implementation of the International Health Regulations (2005) and strengthening laboratory capacities for better health in the WHO European Region
- (f) Partnerships for health in the WHO European Region
- (g) Governance in the WHO European Region

(h) Progress reports

Category 2: Noncommunicable diseases

- (i) Implementation of the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020 (resolution EUR/RC61/R4)
- (ii) Implementation of the European Food and Nutrition Action Plan 2015–2020 (resolution EUR/RC64/R7)
- (iii) Implementation of the European Mental Health Action Plan (resolution EUR/RC63/R10)

Category 5: Preparedness, surveillance and response

- (iv) Final report on implementation of the International Health Regulations (2005) in the WHO European Region (resolution EUR/RC59/R5)

Category 6: Corporate and enabling functions

- (v) Implementation of programme budget 2016–2017
- (vi) Compliance and audit
- (i) Regional plan for implementation of programme budget 2018–2019 in the WHO European Region
- (j) Keep the World Safe, Improve Health, Serve the Vulnerable: draft concept note towards WHO's Thirteenth General Programme of Work 2019–2023

**6. Private meeting: elections and nominations**

- (a) Nomination of four members of the Executive Board
- (b) Election of four members of the Standing Committee of the Regional Committee
- (c) Election of one member of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction

**7. Confirmation of dates and places of regular sessions of the Regional Committee**

**8. Other matters**

**9. Closure of the session**



**Technical briefings**

- Cross-border coordination of immunization: towards a non-discriminatory, systematic and sustainable approach
- Ensuring positive outcomes for health at the country level
- Responding to antimicrobial resistance: lessons learned from multidrug-resistant tuberculosis
- Investing in early childhood development
- Collaboration on health information and reporting between the WHO Regional Office for Europe, the European Commission and the Organisation for Economic Co-operation and Development
- Big data: big opportunities or big noise?

**Ministerial lunches**

- Meeting with the Director-General
- Depression, dementia and persons with long-term psychosocial and intellectual disabilities

## Annex 2. List of documents

### Working documents

EUR/RC67/1 Rev.1	Provisional list of documents
EUR/RC67/2 Rev.1	Provisional agenda
EUR/RC67/2 Rev.1 Add.1	Provisional agenda (annotated)
EUR/RC67/3 Rev.1	Provisional programme
EUR/RC67/4 Rev.1	Report of the Twenty-fourth Standing Committee of the Regional Committee for Europe
EUR/RC67/4 Rev.1 Add.1	Twenty-fourth Standing Committee of the Regional Committee for Europe: report of the fifth session
EUR/RC67/5	The work of WHO in the European Region in 2016–2017: interim report of the Regional Director
EUR/RC67/6 Rev.1	Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board
EUR/RC67/7	Membership of WHO bodies and committees
EUR/RC67/8	Progress reports
EUR/RC67/9	Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being
EUR/RC67/9 Corr.1	Corrigendum
EUR/RC67/9 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on the roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being
EUR/RC67/9 Add. 1 Corr.1	Corrigendum
EUR/RC67/10	Towards a sustainable health workforce in the WHO European Region: framework for action
EUR/RC67/10 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution towards a sustainable health workforce in the WHO European Region: framework for action
EUR/RC67/11	Strengthening Member State collaboration on improving access to medicines in the WHO European Region
EUR/RC67/12	Country performance in the WHO European Region
EUR/RC67/13	Accelerating implementation of the International Health Regulations (2005) and strengthening laboratory capacities for better health in the WHO European Region
EUR/RC67/14	Governance in the WHO European Region

**Working documents**

EUR/RC67/15	Improving environment and health in the context of Health 2020 and the 2030 Agenda for Sustainable Development: outcomes of the Sixth Ministerial Conference on Environment and Health
EUR/RC67/15 Add.1	Improving environment and health in the context of Health 2020 and the 2030 Agenda for Sustainable Development: outcomes of the Sixth Ministerial Conference on Environment and Health: Addendum
EUR/RC67/15 Add.2	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on the Declaration of the Sixth Ministerial Conference on Environment and Health
EUR/RC67/16 Rev.1	Regional plan for implementation of programme budget 2018–2019 in the WHO European Region
EUR/RC67/17 Rev.1	Partnerships for health in the WHO European Region
EUR/RC67/18	Draft concept note towards WHO's Thirteenth General Programme of Work 2019–2023
EUR/RC67/19	Report on accountability and compliance of the WHO Regional Office for Europe

**Draft resolutions and decisions**

EUR/RC67/Conf.Doc./1	Draft resolution on the interim report of the Regional Director on the work of WHO in the European Region in 2016–2017
EUR/RC67/Conf.Doc./2 Rev.1	Draft resolution on the report of the Twenty-fourth Standing Committee of the Regional Committee for Europe
EUR/RC67/Conf.Doc./3	Draft resolution on the date and place of regular sessions of the Regional Committee for Europe in 2018–2021
EUR/RC67/Conf.Doc./4 Rev.1	Draft resolution on the roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being
EUR/RC67/Conf.Doc./5	Draft resolution towards a sustainable health workforce in the WHO European Region: framework for action
EUR/RC67/Conf.Doc./6	Draft resolution on governance in the WHO European Region
EUR/RC67/Conf.Doc./7 Rev.1	Draft resolution on partnerships for health in the WHO European Region
EUR/RC67/Conf.Doc./8	Draft resolution on the Declaration of the Sixth Ministerial Conference on Environment and Health

### **Draft resolutions and decisions**

EUR/RC67/Conf.Doc./9      Draft decision on strengthening Member State collaboration on improving access to medicines in the WHO European Region

### **Information documents**

EUR/RC67/Inf.Doc./1 Rev.1      Joint monitoring framework: proposal for reducing the reporting burden on Member States

EUR/RC67/Inf.Doc./2      Overview of implementation of programme budget 2016–2017 in the WHO European Region

EUR/RC67/Inf.Doc./3      Development of a draft five-year global strategic plan to improve public health preparedness and response

EUR/RC67/Inf.Doc./4      Developing voluntary global performance targets for road safety risk factors and service delivery mechanisms

EUR/RC67/Inf.Doc./5      Development of a draft regional plan on vector control

## **Annex 3. List of representatives and other participants**

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## **Annex 4. Keynote speech by Her Royal Highness The Crown Princess of Denmark**

Honourable Ministers, our new WHO Director-General, Regional Director, distinguished guests, ladies and gentlemen,

Thank you, Zsuzsanna, once again for inviting me to take part in the Regional Committee for Europe, this being the 67th session, hosted by the Hungarian Government, here in the beautiful city of Budapest. This is the seventh Regional Committee that I have attended as Patron of the World Health Organization's Regional Office for Europe, and I always look forward to this occasion, where leaders and champions join together to shape Europe's future agenda for the health and well-being of the people of the European Region.

I would like to take this opportunity, in front of this distinguished audience, to congratulate the new WHO Director-General, Dr Tedros, and express how pleased I am to see that the priorities that you have already communicated are fully aligned with those of the European Region.

As the new era of work in the pursuit of the Sustainable Development Goals (SDGs) has commenced, it is extremely timely that we are called to discuss and support the new roadmap that implements the 2030 Agenda for Sustainable Development, building, of course, on Health 2020. The roadmap highlights the Region's priorities and gives us a common direction.

To achieve the SDGs, we need to ensure better, more equitable, sustainable health and well-being for all at all ages: this is universal health coverage. When the opportunity presents itself I communicate and promote this concept through issues that I believe require particular focus and action: maternal and child health, immunization, and combating antimicrobial resistance.

The health, dignity and rights of women, children and adolescents are at the cornerstone of our societies. It is through maternal and child mortality that we measure the health status of a country. It is an essential indicator for observing progress and it establishes clearly that unless we address gender gaps and violence; unless we ensure access to sexual and reproductive health and rights; unless we stop targeting children and adolescents with adult-tailored interventions and start designing interventions that meet their specific needs; we will not achieve the health and development targets outlined in the SDGs.

We cannot forget the importance of investing in children and adolescents, they are our future. Their ability and possibility to fulfill their full potential will be a testament to the actions we take today. If we fail them, their chance of success is questionable but, if we succeed for them, they will most definitely succeed.

From the earliest stages of life, children need protection. Few of our interventions have had a greater impact on global health than vaccines. Vaccination programmes are the foundation of any strong health system and serve to strengthen societies and address inequities. Vaccines are the safest and most effective tool for preventing infectious diseases. Vaccines also positively impact our health and well-being, our education, employment and our national economies. Therefore, it is a good sign that over two thirds of this Region's countries have interrupted the endemic transmission of measles and rubella.

However, vaccine supply and demand challenges in many countries have resulted in a failure to achieve the desired coverage levels in Europe. This failure has led to vaccine-preventable disease resurgence, hospitalizations and deaths, and outbreak-associated economic costs. One of 10 children in the European Region remains under-vaccinated.

Disturbingly, measles continue to spread and has led to tragic loss of life in the heart of Europe. It is extremely sad that 41 people have died from measles in the past year; that is 41 deaths from a disease that can be avoided with just two shots of an available vaccine.

This illustrates all too clearly that while we see steady progress towards regional and global eradication and elimination and control goals, more needs to be done and we must remain vigilant. We must ensure that the next generation is afforded the opportunity to achieve their full potential without the threat of illness or death due to vaccine-preventable diseases.

In November 2016, I had the privilege to visit the Republic of Moldova together with the Regional Director. Our visit focused on the importance of maintaining the momentum of immunization programmes. This visit contributed to increased efforts to eliminate measles and rubella and accelerate the introduction of human papilloma vaccine in the country.

Our visit also focused on maternal and child health and the importance of tackling [antimicrobial resistance] AMR. I am convinced that AMR is one of the major threats of our time to the health of humans and animals and therefore my support on this issue will continue.

Despite the political commitment, it is evident that many people in many countries still fail to understand the consequences of the way they use or misuse antibiotics. Unfortunately, this is also the case in Europe. AMR affects us all, therefore it is essential that this threat is communicated simply and widely, so that everybody has the necessary level of understanding and can act accordingly. We have the knowledge and know-how; therefore there is no excuse for not acting.

Last year, I supported the World Antibiotic Awareness Week (WAAW) with a statement recognizing the work and the role of health care workers – the doctors, nurses, pharmacists and hospital-prescribers – who depend on political support as frontline protectors of the effectiveness of antibiotics.

This year's Awareness Week will build on previous campaigns and will highlight the importance of infection prevention and control measures to decrease AMR. I invite you all to join forces and come together during this week in November. Europe has been leading this fight in past years, now it is time to show the world we can make a difference and reduce AMR.

It will take a strong WHO to do that in Europe and globally. A WHO that listens to you, the Member States, and responds to your needs and paves the way in public health. An illustrative example of this is the capacity-building of WHO in prevention, preparedness and response to health emergencies. In the words of our Director-General, Dr Tedros, "universal health coverage and health emergencies are cousins – two sides of the same coin". Here we see a WHO consistent with its objectives and committed to its role as the leading global health authority.

As Patron of the WHO Regional Office for Europe, I am encouraged by these transformative actions and proud to be contributing where I can to this work.

Over the next few days there is much to be discussed: vaccines and migration, AMR and tuberculosis, as well as the 10 years of the International Health Regulations, the platform to improve health security. You will be called on to make decisions on a sustainable health workforce, access to medicines, the environment and health. You will be setting the stage for strong health systems that are critical for the implementation, and ultimately, the achievement of the SDGs.

I wish you a productive week ahead. And lastly, I would like to thank you for the personal investment that each of you are making towards the health and well-being of each and every citizen of the European Region.

Thank you.

## **Annex 5. Address by the WHO Regional Director for Europe**

May I extend my warmest welcome to Her Royal Highness The Crown Princess of Denmark, Honourable Ministers and delegations, ladies and gentlemen, and of course, our Director-General, Dr Tedros.

Director-General, we share your dream that everyone can lead healthy and productive lives, regardless of who they are and where they live.

Now, in the era of the 2030 Agenda for Sustainable Development and universal health coverage, and with today's knowledge, we can achieve this dream.

We must place health at the centre of development, focusing on the right to health, equity, fairness, universality and solidarity.

We must see health as the smartest thing to invest in, which yields high returns. This is what we have been doing in the European Region all these years.

Above all, we must secure strong political commitment to achieve these goals and, truly, we must "leave no one behind".

For health is, indeed, a political choice. I welcome the presence of Prime Ministers and Deputy Prime Ministers who exemplify these efforts.

Ladies and gentlemen,

The [Sustainable Development Goals] SDGs call for concerted action to mobilize the necessary means and ensure implementation in a spirit of global solidarity. Our priorities are clear and we are moving forward with these joint commitments. We must focus on inequities, "leaving no one behind", embedding gender and human rights into all policies. We must achieve universal health coverage. We must strengthen health systems with a focus on primary health care. We must work upstream, emphasizing health promotion and disease prevention throughout the life-course. We must address all determinants of health if we are to achieve health and well-being for all. And we must strengthen our emergency preparedness and response.

Ladies and gentlemen,

We can now precisely map Health 2020 key strategic objectives and policy priorities against SDG3 and other SDG targets. As my talk proceeds, the visual presentation will demonstrate the congruity between the SDGs and Health 2020.

The good news is that we are succeeding. Our midterm review of Health 2020 implementation shows that we are on track towards a healthier Europe. Let me give you some examples.

Our latest data indicate that life expectancy across the European Region has now reached over 77 years. Healthy life expectancy has reached 68 across the Region. The mortality trend from major [noncommunicable diseases] NCDs for those aged 30–69 years is declining for both sexes. Since 2003, almost all countries have shown an average annual decline of 2–3% in premature mortality. Infant mortality is the lowest ever, at 6.7 per thousand live births.

Yet, progress is uneven.

There are substantial inequalities within and between countries. For example, life expectancy across the Region ranges from 70 to 83 years, a difference of 13 years. Healthy life expectancy ranges from 60 to 73 years, a difference of over 13 years. Infant mortality has more than a tenfold difference. For children vaccinated against rubella, the difference is grave: from 42 to 99%. These are worrying disparities that need to be addressed with determined actions.

Ladies and gentlemen,

We know that health in the 2030 Agenda means far more than SDG3. Health is an essential component and driver of other SDGs, reflecting the complexity, as well as the multidimensional and multisectoral nature, of health and its determinants.

The key strategic objectives of Health 2020 point the way forward.

To achieve these, we need to transform the way we work. We need to build synergies across sectors, mobilize communities and individuals, and engage civil society by building consensus around the targets. We need to strive to make a reality of whole-of-government, whole-of-society and health-in-all-policy approaches.

The conference on Promoting Intersectoral and Interagency Action for Health and Well-being, held in Paris in December last year, was an example of such critical engagement. I thank the Government of France for hosting the conference, which brought together for the first time the health, social and education sectors from European countries.

In Paris, we agreed on concrete steps to give all children the best start in life and continuing life chances through family, education, health and social support. The conference outcome provides the political impetus for our further intersectoral work. The platform created in Paris will remain permanent, as requested by Member States.

Partnerships are vital for effective implementation. The Regional Office leads the United Nations Regional Issue-based Coalition on Health under the umbrella of the Regional Coordination Mechanism. The Paris platform and the Issue-based Coalition on Health are now linked and merged.

Subnational levels also play a crucial role in implementation. Some key platforms undertaking this role include:

- the South-Eastern Europe Health Ministerial Forum's adoption of the Chisinau Pledge;
- the outcome of the Regions for Health Network meeting in Kaunas;
- the decisions of the Small Countries Initiative meeting in Malta; and
- the WHO European Healthy Cities Network conference adoption of the Pecs Declaration.

We are committed to continuing our support of all these initiatives.

I would like to thank also the WHO Collaborating Centres, which are an important source of support.



To achieve improvements in health and health equity, we must focus on health policies and health systems for the 21st century within the context of universal health coverage. This must be a core component of national development planning.

Our midterm review results show that Health 2020 has increasingly been incorporated in national health policies and this is generating action across countries. Almost all countries now have a national health policy aligned with Health 2020 that defines targets or indicators at the national or subnational levels. And most countries have a policy or strategy to address health inequalities.

What is needed is investment in health that many countries can afford. This is a political choice rather than an economic constraint.

Public health is a driver of equitable health improvement and we need a new and invigorated public health movement.

Available evidence shows that public health interventions are cost-saving and we can achieve high returns for health and sustainable development through investing in public health policies across the Region. Reducing health inequality by 1% per year would increase a country's annual rate of [gross domestic product] GDP growth by 0.15%.

Health promotion and prevention works: a 10% reduction in cardiovascular diseases could save 20 billion euro per year in lower- and middle-income countries. In particular, we need to invest in social protection. Investing in early childhood development is estimated to produce a 17-fold return for each euro invested. The cost of no action is significant: direct and indirect costs of high disease burden in countries can consume up to 15–20% of the GDP. Moreover, there is scope for increasing investment in public health.

To move the public health agenda forward, I commissioned a review to define the future role of public health and the importance of building institutional and human capacities. The information document is available at this Regional Committee.

Tomorrow we will review the roadmap for implementing the SDGs and we will also discuss a joint monitoring framework for Health 2020, NCDs and the SDGs.

Ladies and gentlemen,

Let me now turn to health systems.

Universal health coverage is a unifying concept, a platform for integrated delivery of health services and public health, and one of the most powerful social equalizers. Our definition is broad and covers “health services, as well as health promotion, disease prevention, treatment and rehabilitation, without financial hardship”. We, in Europe, are committed to universal health coverage and a lot has been done. The core message – “no one should become poor due to ill health” – is at the heart of the Tallinn Charter, as well as Health 2020.

Most countries in Europe provide health coverage for the whole population, but this alone is no guarantee of financial protection. Out-of-pocket payments for health are still high in many countries in the European Region. High-performing health systems provide strong financial protection to keep out-of-pocket payments to a minimum: that is, at or below 15% of total health expenditure.

Many countries need to increase the share of public financing for health and to implement stronger pro-poor policies. We are monitoring financial protection and producing estimates using a new approach for high- and middle-income countries in Europe.

A cornerstone to making progress is integrated people-centred health services. Evidence on effective policies is accumulating, but how to implement these complex agendas remains a challenge and informed guidance is lacking. We are now working with policy-makers on how to address concrete obstacles and enablers for a successful large-scale transformation.

We are preparing for two high-level meetings on health systems in 2018.

- The meeting on health systems' response to NCDs in Spain in April will provide a platform to review progress and inspire actions based on the country assessments we have conducted.
- The meeting on "Health systems for prosperity and solidarity – Leaving no one behind" in Tallinn in June will celebrate the 10th anniversary of the Tallinn Charter.

These events will reconfirm the notion of value-based health systems and outline our future vision in view of the 2030 Agenda.

We are working to ensure that primary health care with a public health approach is at the core of health systems. The WHO European Centre for Primary Health Care in Almaty is fully operational and I thank the Government of Kazakhstan warmly for their support. In June 2017, I launched the Primary Health Care Advisory Group to support the development of the new primary health care vision towards the 40th anniversary of the Alma Ata Declaration in 2018. Please join this high-level global event in Almaty; I will be there, together with Dr Tedros.

Our Barcelona Office for Health Systems Strengthening continues to deliver health systems courses. I thank the Government of Spain for their continued support to the Barcelona Office. I am proud to report on two new WHO courses:

- one on strengthening health systems for improved tuberculosis prevention, targeting representatives from ministries of health and finance and national health insurance funds of 11 countries; and
- a course on health financing for universal health coverage, conducted for the first time in Russian as a summer school in Kyrgyzstan in July.

Universal health coverage is not sustainable without a well-motivated, appropriately skilled and effectively managed workforce. Health employment continues to increase and the health sector is a key economic sector and generator of decent jobs. We are leading on health workforce policy development and we will present the framework for action with a supporting toolkit on Wednesday.

Affordable access to effective, high-quality medicines is another major component of universal health coverage and is of great concern to many Member States. Pharmaceuticals are the main driver of out-of-pocket spending, especially in poorer countries, and people increasingly cannot afford essential and new medicines. WHO is working on a new social pact with the industry to ensure fair pricing that allows access to affordable safe medicines while providing incentives to the industry for innovation. We will present a proposal on strengthening Member States' collaboration on improving access to medicines on Wednesday.

In Europe, we believe that high-quality health information and evidence is the backbone of solid public health policies. Since I reported on this extensively in previous years, today I will focus on some key areas. I am happy to report that dissemination of health information has further expanded and several new publications are available. One example is the Health Evidence Network [HEN] reports that serve as a core source of evidence, proposing policy options. I am proud to announce that the HEN report on the cultural contexts of health is receiving a British Medical Association Highly Commended Award today.

I would like to emphasize the importance of eHealth, which will continue to develop and challenge our understanding of the role of public health. A landmark achievement was made in Malta in May at the annual eHealth Week conference, hosted by the European Commission and the Maltese Ministry of Health. Please join us for the technical briefing on this topic on Thursday, when we will explore the strategic role of big data in health.

Ladies and gentlemen,

Controlling and reducing the burden of NCDs is at the heart of the SDGs and Health 2020.

As mentioned before, the good news is that there has been a significant decline in deaths due to NCDs and a considerable reduction in premature mortality, particularly for cardiovascular diseases. This progress has created the hope that the Region might exceed the bold SDG target of reducing such deaths. I look forward to representing this success on your behalf at the WHO Global Conference on NCDs in Uruguay in October.

The countries of the European Region have improved their governance: national plans and targets are being defined and information systems improved; and management of NCD conditions is being strengthened. The WHO European Office for the Prevention and Control of Noncommunicable Diseases in Moscow has increased our capacity to support Member States. I express my warm thanks to the Government of the Russian Federation for their generous support.

On NCDs, however, there remains a paradoxical situation in Europe.

Health systems are still not delivering the prevention and care that they could. Tobacco and alcohol are too affordable and the European population continues to consume too much sugar, fat, salt and *trans* fats, not to mention the impact of social and environmental factors. There are still too many men of working age who are dying a preventable and untimely death. Now is the time to take bold actions to alter these trends and beat the NCDs.

We can further improve the management of NCD conditions, such as cardiovascular diseases, hypertension, diabetes and cancer. We can achieve further reductions in the disease burden by fully implementing cost-effective actions.

Ladies and gentlemen,

Our aim is to eliminate major vaccine-preventable diseases in the European Region and we are making good progress towards measles and rubella elimination. Since the last Regional Committee, another five countries have interrupted endemic measles and rubella transmission, bringing the total to 42 countries. However, recent measles outbreaks in some countries, with deaths and complications, are an unacceptable setback, exposing shortcomings in immunization service delivery.

The European Vaccine Action Plan acknowledges the right of every child and adult to immunization. We have come a long way; but we have not come far enough.

Complex barriers stand in our way, such as vaccine supply shortages, lack of sustainable financing and political commitment, and public complacency about diseases that are no longer common. Ensuring equitable access to immunization remains a priority. I personally have been very active to counter this trend, advocating for political commitment and public awareness to make informed and responsible choices.

European Immunization Week remains our flagship event and we are privileged for the continued support of our Patron, Her Royal Highness The Crown Princess of Denmark.

Following the milestone of interrupting indigenous malaria transmission in the Region last year, we now focus on preventing its reintroduction. Constant vigilance, strong surveillance and intersectoral and cross-border collaboration are essential to maintain malaria-free status and also to address other vector-borne diseases. As agreed at the World Health Assembly, we will consult with you on the development of a regional vector control plan, building on the Regional Framework for Surveillance and Control of Invasive Mosquito Vectors and Re-emerging Vector-borne Diseases on Thursday.

Thanks to your intensive efforts, as well as that of our partners, particularly the Global Fund, our Region has had the fastest decline in tuberculosis incidence and mortality rates among all WHO regions during the past five years. Yet tuberculosis, and particularly its drug-resistant forms, remains a major public health concern with over 300 000 cases occurring this year.

Moreover, tuberculosis and HIV co-infection is increasing by 6.2% every year.

A major focus now is to address health systems-related barriers, shifting toward integrated models of care, with sustainable financing.

Let me remind you that the Russian Federation will host the first ever WHO Global Ministerial Conference on Ending Tuberculosis in November this year to inform the High-Level Meeting of the United Nations General Assembly in 2018. Both the Director-General and I will attend, and I call upon all of you to join us at this important event.

With HIV, we need to act immediately as the epidemic in the eastern part of the Region is growing at an alarming rate. New HIV diagnoses increased by 75% in the European Region as a whole and have more than doubled in eastern Europe and central Asia since 2006, mostly driven by two countries.

Last year, you endorsed the new Action Plan for the Health Sector Response to HIV and committed to providing an accelerated and innovative response to HIV. I call once more for

urgent action and commitment by the affected countries. We must implement the Action Plan fully, adopting evidence-based policies to reverse this epidemic.

Let me remind you of the 22nd International AIDS Conference, an excellent platform to share information and evidence on HIV, which will be hosted by the Netherlands in July 2018.

The regional Action Plan for the Health Sector Response to Viral Hepatitis triggered increasing commitment and improved access to viral hepatitis services, including hepatitis C treatment, across the Region. We need to build on this positive momentum and take comprehensive actions for prevention, diagnosis and treatment, if we are to eliminate viral hepatitis.

As the global momentum to address antimicrobial resistance continues, I am pleased that more countries in our Region are embarking on multisectoral national action plans. We are increasingly engaging with [United Nations] UN agencies and development institutions to address this global threat. I would like to thank the Government of Germany for putting health at the heart of the G20 agenda and committing to [antimicrobial resistance] AMR, together with other global health challenges, in the Berlin Declaration this year.

We will jointly work on implementing the European Strategic Action Plan on Antibiotic Resistance, together with the European Union's newly launched One Health Action Plan against Antimicrobial Resistance. The world will mark the third World Antibiotic Awareness Week in November. Last year, 47 European countries joined the campaign and it is my sincere hope that all 53 countries will mark the week this year. Here, again I would like to acknowledge the valuable support provided by our Patron.

Ladies and gentlemen,

Another priority of the Regional Office is preparedness and response to health emergencies.

I am delighted to report that the WHO Health Emergencies Programme is now fully functional. New standard operating procedures are in place and the updated Emergency Response Framework is already being implemented, as evidenced by the rapid and efficient response to all recent health emergencies.

In the European Region, our priority is to strengthen emergency preparedness and IHR capacities, linking with health systems and public health functions. Guided by the IHR and using all-hazard, multisectoral and whole-of-society approaches, targeted interventions are being implemented in priority countries. The focus is on vulnerable communities, creating stronger linkages between humanitarian response and development, focusing on equity.

Scaling up IHR core capacities and broadening partnerships engaging all relevant national and international players and civil society are at the centre of our health security work. It is critical that countries commit to full and comprehensive implementation. The establishment of the WHO Office for Humanitarian and Health Emergencies Preparedness in Istanbul will further strengthen our capacity, and I thank the Government of Turkey for their commitment.

With improved coordination and collective action and, together with partners, we are leading the response to two protracted emergencies in the European Region.

In Ukraine, WHO has been leading the international humanitarian health response through the Country Office in Kyiv and three field offices. Together with partners, WHO has delivered medical supplies and established mobile primary health care units, providing services along the contact line, mostly to internally displaced persons. Multidisciplinary teams have assisted in the provision of mental health and psychosocial support and sentinel sites have started regular reporting on infectious diseases.

Turkey, the country with the highest number of refugees in the world, is hosting more than 3 million Syrian refugees. We are leading the health sector, together with the Turkish Ministry of Health, to improve refugees' access to essential health services. Important new Turkish legislation allows Syrian health professionals to provide health care to refugees, after completing required training. So far, we have trained almost 2000 Syrian doctors, nurses and translators to provide primary and secondary care. This new model in Turkey has proven effective for ensuring universal access of refugees to health, setting a good example for other countries in similar situations.

In line with the Whole-of-Syria approach, the WHO office in Ankara and field office in Gaziantep continue to provide cross-border humanitarian assistance to northern Syria, in an extremely challenging environment. WHO, along with health partners, has delivered emergency kits, medicines and supplies; provided primary health care and mental health and psychosocial support; and delivered vaccinations for children.

Of concern is the detection of 39 cases of circulating vaccine-derived polio type 2 in northern Syria. Thanks to our effective partnership with the Regional Office for the Eastern Mediterranean, 84% of vulnerable children were reached to contain the outbreak, despite the ongoing conflict.

Ladies and gentlemen,

We must move away from the narrowly confined health care, to a wider multisectoral framework, dealing with all determinants of health in a comprehensive way, with full political commitment. Health is affected by a variety of determinants across the life-course, which are interlinked and influenced by policies, environments and norms created by society. Determinants like health inequalities present a serious threat to a country's economic and social development and political stability. Education, employment and working conditions have powerful effects on health and equity.

Progress in health and well-being is not possible without addressing all the determinants of health: political, economic, environmental, social, behavioural, as well as cultural and commercial. The Regional Office has been a major advocate and gatherer of evidence on the determinants of health, as well as a facilitator of action in countries.

With regard to behaviour, opportunities for healthy choices are socially determined, as they are influenced by social and economic norms and policies. Let me now present some examples of behavioural determinants.

On tobacco control, we are making progress. One example is the global movement for plain packaging of tobacco products. I want to thank the seven European Member States leading this global effort, who have passed legislation on plain packaging. Unfortunately, despite the decrease in tobacco use among adults in some countries, the decline in smoking at the Regional level is still slow.

I thank the Government of Turkmenistan for supporting our tobacco control work. We will finalize the results in time for the Second Ministerial Conference on NCDs next year. Let me repeat my plea, calling on all Member States to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products. We need 10 more ratifications for the Protocol to enter into force, and you heard this also from the Director-General this morning.

On alcohol, the Regional decline in consumption is simply too slow as we are aiming for a 10% decline by 2025 to achieve the 2030 global target. Many countries are adopting the best buys for alcohol and taking legislative measures to control price, availability and marketing – but more needs to be done.

Rising obesity and unhealthy diets are of great concern, especially among children and adolescents which alone risks slowing or reversing the gains we have made in premature mortality. We must look for new solutions; for faster and more effective preventive actions.

Ladies and gentlemen,

Health inequalities have their roots in the social determinants of health. Health inequalities affect everyone, not just the poor. The consequences for a country are poor economic performance, long-term social injustice and, ultimately, political instability.

The European Region has been the main driver of action on social determinants and on developing and sustaining intersectoral policy approaches. We need concerted and integrated policy and governance responses across governments and society with a special focus on social protection. This should be a priority now for all governments.

Our European Office for Investment for Health and Development in Venice has been a major contributor for collating evidence and advocating for action and policy responses on the social determinants of health. Its new premises have now been inaugurated and I thank the Government of Italy and the Veneto Region for their continued support.

Environmental risk factors are estimated to cause 1.4 million deaths per year in our Region – deaths that could be prevented.

The political commitment to address this unacceptable burden was renewed at the Sixth Ministerial Conference on Environment and Health in Ostrava in June. The Conference was co-organized with the United Nations Economic Commission for Europe (UNECE) and the United Nations Environment Programme (UNEP), with the active involvement of cities and regions. I sincerely thank the Government of the Czech Republic and the regional authorities for their hospitality. Through the Ostrava Declaration, Member States are committed to achieving relevant SDG targets and enhancing national implementation by the end of 2018.

I thank the Government of Germany for its continuous support to the European Centre for Environment and Health in Bonn. The Centre will continue to provide comprehensive technical support for environment and health, focusing on the seven priority areas of the Ostrava Declaration.

Last year, ladies and gentlemen, we discussed the outcome of the European Ministerial Conference on the Life Course Approach in the Context of Health 2020 that took place in Belarus. We agreed on the need to increase the effectiveness of interventions throughout life to achieve our goal of equitable health and well-being for all. This year, therefore, I will focus only on a few selected issues.

Let me emphasize that the health of women, children and adolescents continues to be a priority, as does the implementation of the Action Plan for Sexual and Reproductive Health. We are supporting countries in developing their national sexual and reproductive health policies. We have started working on the development of sexuality education and health promotion, as you requested more guidance in this area.

If we are indeed to “leave no one behind”, we must redouble our efforts to care for people with mental disorders and psychosocial disabilities. Improving the standards and quality of care in long-stay institutions, using a human rights approach will be discussed during tomorrow’s ministerial lunch, together with the strategies for prevention and treatment of depression, which was also the theme of this year’s World Health Day.

Another group not to be left behind is migrants and refugees.

The European Region is leading in this area by implementing the Strategy and Action Plan for Refugee and Migrant Health. We have contributed substantially to the development of the global framework of priorities and guiding principles to promote the health of refugees and migrants at the World Health Assembly. Now, we should join our efforts to ensure that health is fully recognized in the global compacts relating to refugees and safe and orderly and regular migration, currently under development by the United Nations.

In November 2016, we launched the European Knowledge Hub on Health and Migration, thanks to the support of the Government of Italy and the Regional Health Council of Sicily. We conducted the first Summer School on Refugee and Migrant Health at the Hub this year.

Ladies and gentlemen,

Everything we do, we do with and for countries, putting their health needs at the core. I would like to thank all Member States for their commitment and excellent collaboration towards better health and well-being of the European population.

Country office staff are at the forefront in implementing our commitments. While maintaining a workforce of excellence at the Regional Office, we have substantially strengthened our country office capacity. The number of international representatives heading country offices has tripled since 2014. I would like to use this opportunity to thank all my staff for their dedicated and exemplary work.



We have prepared a document for this Regional Committee which explains the WHO country presence in the Region and highlights a few examples of our extensive country work. The technical briefing on Tuesday will demonstrate how the Regional Office has continued to strengthen its work at the country level, benefiting all 53 Member States.

As in previous years, ministerial visits to the Regional Office have continued to provide an excellent platform for discussing regional strategic objectives and national priorities and for strengthening collaboration. We have been honoured to welcome 15 ministerial and high-level visits to the Regional Office. I have had the honour of visiting some 28 countries and I am extremely grateful for the high-level political commitment I have been afforded during these visits. I have been privileged to meet not only with Ministers of Health but also with Presidents and Prime Ministers, advocating for health at the highest levels of government, moving the health agenda forward.

As you have seen throughout my speech, everything we do, we do together with partners, and I am pleased to see so many of you here with us today. We will continue to build on existing partnerships. With the proposed partnership strategy, we intend to expand our engagement with partners at all levels, including with civil society and the private sector. A process for the accreditation of non-State actors to attend Regional Committee sessions will be submitted for your consideration later this week.

Ladies and gentlemen,

During this biennium, we continued to sustain the strong accountability framework for better results and to internalize risk management across operational processes. There is zero tolerance for risks related to compliance with the rules and regulations.

We will present the Regional plan for implementation of programme budget 2018–2019, the result of our joint bottom-up planning on the regional contribution to global outputs. It forms the contract between us to ensure accountability.

WHO reform will continue through a bottom-up approach, involving staff. Resource mobilization will aim for a stronger partnership with a particular focus at the country level, and clear communication on results achieved, to ensure accountability.

Later today, we will discuss the draft Thirteenth General Programme of Work as the policy framework aligned with the SDGs, focusing on health policies and health systems for the 21st century within the context of universal health coverage.

I am looking forward to your input to jointly define our future vision and priorities.

Ladies and gentlemen,

Health and well-being are at the heart of human development.

We now have a wealth of knowledge on health and well-being, and evidence on the determinants of health and their interplay. We have the prospect, if we are determined, to extend the length and quality of human lives. We must recommit to these goals, applying the principles of equity and solidarity. The SDGs and Health 2020 lead the way. We need commitment from politicians, policy-makers, professionals and from the European people.

The issues before us present both an opportunity and a challenge: WHO is committed to achieving better health for Europe: more equitable and sustainable, leaving no one behind.

Thank you for your attention.

## **Annex 6. Address by the WHO Director-General**

Your Excellency Alexis Tsipras, Prime Minister of Greece, Excellencies, honourable ministers, Dr Zsuzsanna Jakab, Regional Director, colleagues, ladies and gentlemen,

I would like to welcome His Excellency Prime Minister Tsipras and share my experience with him. A few months ago I met him and I would like to share two takeaway messages from that meeting. Firstly, I'd like to say how impressed I was by Greece's commitment to universal health coverage and, secondly, Greece's generosity in the way it has been managing its migrants. I was really inspired by that, to see how leadership can make a difference, even in times of difficulty.

I am very proud to stand before you as Director-General for the first time. It was an immense honour for me to serve my country as health minister and foreign minister. But the opportunity to serve the people of the world – including the people of the European Region – is an even greater privilege.

However, I am acutely aware that with great privilege comes great responsibility. We are here because our mission is the health of all people, everywhere, and the European Region is home to 900 million people. Every one of them has the right to health.

This Region is immensely diverse, from Scandinavia to Central Asia; from the Arctic to the Mediterranean; from the Atlantic to the North Pacific.

Just as there is a great diversity of people, cultures and landscapes, so there is a great diversity in the people of this Region, and its health systems.

There is much to be proud of. Hundreds of millions of people in Europe enjoy all the benefits of universal health coverage: world-class health services that in many places are provided free at the point of delivery.

As a result, the European Region has some of the longest life expectancies in the world.

But at the same time, your Region has the world's highest rates of smoking and alcohol use. You face a high burden of noncommunicable diseases, including cardiovascular diseases, cancers, diabetes and mental illness.

These diseases cut people down in the prime of life, in their most productive years.

And you know only too well that as populations get older, the number of people needing long-term care – and the cost of providing that care – will only increase.

No country, however wealthy, can simply sit back and wait for those people to turn up in its hospitals. The cheapest and most effective interventions are those that promote health and prevent disease, from tobacco taxation, to better food labelling, and even measures as simple as speed bumps.

But some of the reasons people get sick and die are out of their control, including the health effects of changes to the climate and the environment in which they live. For that reason, we must not see our work in silos, where health policy is formed in isolation. Instead, we must work collaboratively with colleagues in energy, transport and urban planning to ensure we build a future that adapts to and mitigates the health effects of the climate and environment.

Your discussions this week on environment and health in the context of the [Sustainable Development Goals] SDGs are therefore very important, and very timely. It is my hope they will result in meaningful improvements to the health of the Region. That is why we're here.

But to achieve that, we also need meaningful change at WHO. Some of this change has already begun; some is yet to come. Let me describe how I view our work during the coming weeks and months.

In times of transition it is vitally important that we continue our important ongoing work; we have to keep the ship afloat. Every day, WHO staff around the world are working hard to improve health at the country level in thousands of ways, small and large. This must continue.

But I have also heard from you that there is a set of urgent priorities on which we can and must act immediately. So far, I have launched several "fast-track initiatives" such as:

- boosting our effectiveness in emergencies;
- enhancing our governance by examining the work of the Executive Board and the [World Health] Assembly to make it more efficient and strategic;
- making WHO an even better place to work;
- strengthening WHO's communications to mobilize political support for our global health agenda;
- rethinking resource mobilization with a shift in the way we mobilize resources;
- pursuing greater value for money in the use of our resources;
- and establishing a special initiative for climate change and health in small-island nations; and
- planning for the polio transition, among others.

These are the immediate priorities. But we have also begun to prepare for the larger, transformative changes we need to make WHO an organization better able to meet future health challenges.

We started by listening. I initiated an "Ideas for Change" programme within WHO to stimulate fresh thinking and innovative ideas at all levels of the Organization. We have harvested hundreds of great suggestions that we are now organizing into a strategic plan.

In that regard, we have started work on shaping our next General Programme of Work, which will guide the strategy of WHO between 2019 and 2023.

This concept note was first discussed at the AFRO Regional Committee meeting in Zimbabwe, and then at the SEARO Regional Committee meeting in the Maldives last week. I have been very encouraged by the feedback that we received. Health ministers were deeply engaged.

The most consistent feedback was to elaborate on how countries can progress toward universal health coverage by developing stronger and more resilient health systems, a robust health workforce including community health workers, and adequate domestic health financing.

Yesterday you also had the opportunity to hear about the draft concept note on the General Programme of Work, and I thank you for your feedback. Ultimately, this is your WHO, and its priorities are determined by you, the Member States.

Let me take a few moments to remind you of the priorities we are proposing.

Our starting point is the Sustainable Development Goals. The SDGs are the framework for everything we do. They are the priorities that you, the Member States, have agreed on, and must therefore be our priorities. There are many synergies between the SDGs and Health 2020, the European health policy framework, especially in terms of their shared emphasis on equity.

The SDGs feature one goal devoted explicitly to health, but health either contributes to, or benefits from, almost all the other goals. And some of the biggest health gains will come from improvements outside the health sector. It is therefore essential that WHO engages with partners in all relevant sectors to drive progress; the social, political and economic determinants cannot be addressed unless all sectors are mobilized.

Within the context of the SDGs, the concept note for the General Programme of Work proposes the following mission for WHO: to keep the world safe, improve health and serve the vulnerable. Let me repeat that: keep the world safe, improve health and serve the vulnerable. Clarity of the mission is always important. This is how I see the mission of WHO. To achieve that mission, we propose five strategic priorities.

First, the world expects WHO to be able to prevent, detect and respond to epidemics and other health emergencies.

This must include the urgent priority of fighting the spread of antimicrobial resistance. This is especially relevant here in the European Region. Out of every 400 deaths in this Region, 25 are from a resistant bacterial strain. This is not a theoretical threat; it is a real and present danger. If we do not treat it as the pressing global health emergency that it is, we will be left defenseless against some of the most common infections.

There is perhaps no better illustration of the need for action across sectors than antimicrobial resistance. This is not a problem that those of us in the health sector can solve on our own; we must work in partnership with colleagues in the food and agriculture industry if we are to have any hope of success.

I am encouraged that countries in this Region, including the United Kingdom, the Netherlands and Denmark, are taking the lead in the fight against antimicrobial resistance. Thank you for your leadership.

The second priority is linked closely to the first: to provide health services in emergencies and help to rebuild health systems in fragile, conflict and vulnerable states. And this is exactly what WHO is doing through its office in Gaziantep, Turkey, where we are providing essential health services to northern Syria. In the coming days we will send the first shipment of dedicated kits to treat noncommunicable diseases such as cardiovascular diseases, diabetes and asthma into Syria through our Gaziantep office.

The third priority is helping countries strengthen health systems to progress towards universal health coverage. If you don't already know that universal health coverage is my top priority for WHO, you do now. Health is not a luxury for those who can afford it. It is a human right, and a political choice that I urge countries to make.

The road to universal health coverage is investing in health systems, which are the glue that binds together all the priorities in the General Programme of Work (our strategic plan). Crucially, this includes access to essential medicines, which is a major driver of out-of-pocket health spending, and a health workforce that has the right numbers and the right skills to meet modern health needs. These are both items on your agenda this week.

In order to measure progress towards universal health coverage, we need to know where we are. That is why by the end of this year, we will publish our first universal health coverage monitoring report, with data on how countries are performing on the three dimensions of health systems: service delivery, financial protection and equity.

We will also be documenting best practices, and working with countries to implement evidence-based solutions.

The fourth priority is to drive progress towards the specific SDG health targets. I have already spoken about the SDGs as the frame within which we see all our work, but we also carry the responsibility of providing the practical tools and technical know-how to help countries advance towards the specific health targets.

We will focus our attention on four areas: improving the health of women, children and adolescents; ending the epidemics of HIV, tuberculosis, malaria and hepatitis; preventing premature deaths from noncommunicable diseases, including mental health; and protecting against the health impacts of climate change and environmental problems.

Finally, we provide the world's governance platform for health. This is one of WHO's key comparative advantages; only WHO has the authority and credibility to convene the numerous players in global health and to build consensus towards achieving shared goals. WHO can and must therefore play a vital role in orchestrating the increasingly complex global health architecture.

Now, we all know that strategies sometimes just sit on the shelf. So the draft concept note pays attention not only to what WHO will do but how we will do it (and of course why we should do it, the most important question.) It lists several big shifts I would like to highlight.

- (1) We will focus on outcomes and impact.
- (2) We will set priorities.
- (3) We will become more operational, especially in fragile, vulnerable and conflict areas.
- (4) We will put countries at the centre of WHO's work, and
- (5) We will provide political leadership by advocating for health on the global stage. WHO will be more political in addition to its technical competencies.

WHO should not be shy about engaging with world leaders. Our cause is too important; the stakes are too high. Meaningful change happens when political leaders are engaged. WHO must therefore not be afraid to go beyond the technical to the political in pursuit of its mission.

Everywhere I go, I am heartened by the enthusiasm I see for health at the highest political level. I also see huge enthusiasm for WHO and the work that you all do. I know from my own experience that political will is the key ingredient for change. It is not the only ingredient, but without it, change is much harder to achieve. For a paradigm shift, we need political intervention.

My friends, and His Excellency Prime Minister, we are here because we care about the health of the world's people. They must be foremost in all our minds this week, and weeks and months later, and should be our daily thinking.

The challenges we face are great. So must be our ambitions.

Thank you so much. Köszönöm.

And I would like to thank once again His Excellency Prime Minister. This is the kind of political engagement that we welcome and need, and is an example of leadership. I thank you once again and look forward to working with all of you.

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## **The WHO Regional Office for Europe**

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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