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Abbreviations

AMR	antimicrobial resistance
BCA	biennial collaboration agreement
EU	European Union
GDO	geographically dispersed office
GPW 13	Thirteenth General Programme of Work, 2019–2023
HPV	human papillomavirus
IAEG	Inter-agency and Expert Group on Sustainable Development Goal Indicators
IHR (2005)	International Health Regulations (2005)
IOM	International Organization for Migration
NCDs	noncommunicable diseases
OECD	Organisation for Economic Co-operation and Development
SCRC	Standing Committee of the Regional Committee for Europe
SDGs	Sustainable Development Goals
SEEHN	South-eastern Europe Health Network
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

Opening of the session

The 69th session of the WHO Regional Committee for Europe (RC69) was held at UN City in Copenhagen, Denmark, from 16 to 19 September 2019. Representatives of the 53 countries in the WHO European Region took part. Also present were representatives of 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 Development Programme (UNDP), the United Nations Population Fund (UNFPA), the World Bank, the Council of Europe, the European Union (EU), the Inter-Parliamentary Assembly of the Member States of the Commonwealth of Independent States, the Nordic Council of Ministers, the Organisation for Economic Co-operation and Development (OECD), and non-State actors (Annex 3).

The first working meeting was opened by Dr Armando Bartolazzi (Italy), outgoing President of the 68th session of the Regional Committee.

In a festive musical opening, the Children's Choir of the Royal Danish Academy of Music performed some representative songs from the international repertoire.

The WHO Regional Director for Europe welcomed participants and thanked the Government of Denmark for providing UN City not only as the venue for the session but also as the site that hosted all United Nations agencies in Denmark. She outlined the many important topics on the agenda and thanked Member States for their active participation and support in preparing the agenda items and for their continued support to WHO and its work in the Region.

Election of officers

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

- | | |
|--------------------------------------|----------------------------|
| • Mr Magnus Heunicke (Denmark) | President |
| • Mr Ioannis Baskozos (Greece) | Executive President |
| • Mr Søren Brostrøm (Denmark) | Deputy Executive President |
| • Dr Iva Pejnović Franelić (Croatia) | Rapporteur |

Adoption of the agenda and programme of work

(EUR/RC69/2, EUR/RC69/2 Add.1, EUR/RC69/3)

The Regional Committee adopted the agenda (Annex 1) and programme.

The Regional Committee was informed that five candidates for the post of Regional Director wished to attend the session. The Committee agreed to abide by the Code of Conduct for the Nomination of the Regional Director of the European Region of the World Health Organization. In particular, neither Member States nor candidates would be given speaking time during official meetings to promote a candidacy, and delegations were urged not to arrange bilateral meetings during official meetings.

The Regional Committee invited the delegation of the EU to attend and participate without vote in the meetings of any subcommittees, drafting groups and other subdivisions taking place during the 69th session addressing matters within the competence of the EU.

Address by Her Royal Highness The Crown Princess of Denmark

Her Royal Highness The Crown Princess of Denmark addressed the Regional Committee (Annex 4).

Address by the WHO Director-General

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

Address by the WHO Regional Director for Europe

(EUR/RC69/5, EUR/RC69/19, EUR/RC69/Conf.Doc./1)

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

In the discussion that followed, representatives expressed appreciation to the Director-General for his engagement with the regions through his participation in the regional committees and welcomed his efforts to uphold the pledges made during his campaign for appointment.

Participants congratulated the Regional Director on the completion of her tenure, which had been characterized by wisdom and diplomatic sensitivity. She had been a constant and ardent advocate for better health for all, and much had been achieved under her diligent leadership. Her focus on equity and sustainability had been embodied in Health 2020, a transformative and visionary policy framework, which, when adopted in 2012, had been well ahead of its time. Health 2020 had been significant in shaping health policy at the national level, resulting in improved health indicators throughout the European Region. Eliminating inequities and leaving no one behind were the keys to attaining the health-related Sustainable Development Goals (SDGs). As 2020 approached and new policy guidance for the future would be elaborated, the underlying principles of Health 2020 should remain at the heart of public health interventions throughout the Region.

Acting on all determinants of health required a comprehensive approach with close cooperation between sectors and between countries. Despite a Region-wide reduction in premature mortality from noncommunicable diseases (NCDs), many health challenges persisted and new threats were arising. HIV infection rates were increasing, antimicrobial resistance (AMR) was a growing challenge, while anti-vaccination movements were gaining traction and, as a result, outbreaks of hitherto controlled communicable diseases, such as measles, were becoming a serious threat. With regard to NCDs, alcohol consumption and tobacco use rates were worrying, mental health conditions remained severely stigmatized, and childhood obesity was a serious and growing public health threat.

Health inequity was a fact of life in the Region; only half of the population had access to full health care. Gaps could only be bridged by ensuring that Member States were equipped with the tools to make the right choices, and had the political will to implement them, focusing on health promotion and disease prevention. Health was a political choice. Universal health

coverage, which was crucial for attaining the SDGs, could only be achieved by redressing inequities. First and foremost, the provision of basic health services should not impose financial hardship; out-of-pocket payments for health care and medicines must not drive patients into poverty. Transparency in value chains for pharmaceuticals must therefore be encouraged. WHO had a crucial leadership role in that regard. Improving health literacy was imperative; dedicated campaigns on even the simplest matters of hygiene, such as hand-washing, could have a significant positive impact.

Universal health coverage could not be achieved without robust and resilient health systems, offering access to well-structured primary health care for all and able to respond effectively to health emergencies. Several participants gave examples of efforts made at the national level, with the WHO Regional Office for Europe's constant support, to strengthen their health systems along those lines. Universal coverage also required the provision of health care services to migrants and refugees, with a focus on continuity of care throughout the migration process. Some countries in the European Region faced significant burdens as hosts to large populations of refugees and migrants; health care for those populations should be viewed not only from the perspective of humanitarian assistance but as a contribution to health across the Region. The forthcoming high-level meeting on universal health coverage, which would be held by the United Nations General Assembly on 23 September 2019, would afford an excellent opportunity to renew commitments on providing access to primary health care services and affordable medicines and vaccines, and thus on achieving universal health coverage by 2030. WHO should take a lead role in the meeting.

Health systems must also be strengthened for emergency preparedness and response. Evaluations of implementation of the International Health Regulations (IHR) (2005) had been particularly valuable. The number of disease outbreaks and health emergencies in the world was unprecedented, and WHO was stretched to its limits. The unwavering dedication of WHO staff in the field was commended; their safety and well-being were imperative. The Director-General was asked about the effectiveness of the response to Ebola virus disease in the Democratic Republic of the Congo. The constant, evidence-based support provided by the Regional Office for the reforming and strengthening of health systems in the Region was particularly welcome.

During her tenure, the Regional Director had done much to foster collaboration with individual Member States, through the conclusion of biennial collaborative agreements and country cooperation strategies, and had offered substantial support to networks, such as the South-eastern Europe Health Network (SEEHN) and the Small Countries Initiative. Numerous examples were given of the work that had been done and the considerable achievements made at the national level with the Regional Office's support. That technical and policy support was invaluable, as were the Regional Director's efforts to build partnerships between stakeholders. The establishment of the Issue-based Coalition on Health and Well-being had been a particularly positive development in that regard. Collaboration at the country level was central to implementation of the Thirteenth General Programme of Work, 2019–2023 (GPW 13), and participants hoped that the dynamic partnerships forged by the Regional Office thus far would continue to flourish under its new leadership.

With regard to organizational reform and management, over the previous 10 years significant steps had been taken to modernize the management of the Regional Office and to increase accountability and transparency; dialogue with the staff should continue to be strengthened. Health 2020 and GPW 13 should continue to guide the work of the Regional Office over the years to come. At the global level, the time had come to finalize the transformation agenda and

allow it to guide the staff and ensure that Member States had a clear understanding of the direction in which the Organization was moving. As the global lead on health, WHO had a key role in coordinating efforts to meet the health-related SDGs and must have the resources and capacity needed to do so. Transformation should strengthen all levels of the Organization and enhance the coherence between them. More should be done to strengthen the governing bodies.

Lastly, members of the Regional Committee congratulated the Regional Director on her appointment as WHO Deputy Director-General, which was testament to the Director-General's confidence in her work. The unique experience she had acquired at the European level would be invaluable in the exercise of her new mandate. They pledged to support her in the exercise of her new mandate and to continue their cooperation with the Regional Office under its new leadership. They were confident that the Regional Office would continue to take the lead for health in the Region.

Representatives of UNAIDS, UNFPA and UNICEF also thanked the Regional Director for her leadership and collaboration during her tenure. Notable progress had been made in the European Region with regard to sexual and reproductive health, the reduction of mother-to-child transmission of HIV, and access to vaccines. That notwithstanding, challenges persisted: HIV prevalence was increasing in the Region, and the burden of malnutrition in children, in the form of both underweight and obesity, was high. Significant disparities between various parts of the Region in indicators such as neonatal mortality and access to adequate health care and nutrition for children evidenced persistent inequities, which could only be redressed through concerted efforts from all stakeholders.

A representative of the Northern Dimension Partnership in Public Health and Social Well-being expressed commitment to working in coordination with WHO to accelerate progress towards achieving universal health coverage. Concerted efforts were required to address persistent challenges in the Northern Dimension Partnership area, such as alcohol consumption. The Partnership's long-term strategy would be aligned with WHO priorities.

The Regional Director thanked all participants for their positive comments and expressions of support, which she would share with the staff of the Regional Office and all the health champions who had worked with the Regional Office over the previous 10 years. The dedication of Member States and partners had been crucial; progress could not have been made without their support and concerted action. While the challenges that lay ahead were clear, she was certain that the Regional Office would continue to go from strength to strength under its new leadership. She pledged her full support not only in handing over her leadership role to the new Regional Director but also in the exercise of her new mandate as Deputy Director-General. The European Region would always hold a special place in her heart.

The Director-General described the complexity of the Ebola virus disease outbreak in the Democratic Republic of the Congo, where political instability and the operations of 20 armed groups were creating conditions conducive to virus transmission. The health system was extremely weak and any disruption to the Ebola response left room for increased transmission. The outbreak had therefore been classified as a public health emergency of international concern. Despite the challenges, concerted efforts by the Government, with coordination from WHO, allowed for cautious optimism. A coordinated approach was required, which must be broadened to include other serious health issues affecting the Democratic Republic of the Congo, such as chikungunya, cholera, malaria and measles. Maternal mortality rates were also alarmingly high. WHO support would be essential to overcoming those challenges.

The initial phase of WHO transformation had been completed; implementation must follow. The degree of change being brought to the Organization was unprecedented and complex, but it would be an inclusive and transparent process, led by the staff, to build an Organization relevant both at present and in the future.

The Regional Committee adopted resolution EUR/RC69/R1.

Keynote speech by Ola Rosling, President and co-founder of Gapminder Foundation: “For a fact-based worldview”

The President, Gapminder Foundation, presented the work of the Foundation, which sought to fight ignorance with a fact-based worldview everyone could understand. Despite the unprecedented availability of data on most aspects of global development, people were often misguided about basic global facts because contemporary society lacked the culture and tools to communicate data to the population.

The Foundation conducted surveys about simple aspects of global development and used the results to compile teaching materials, which it made publicly available free of charge. The surveys had revealed widespread popular misconceptions. People were ill-informed about vaccination coverage, life expectancy and smoking, HIV/AIDS and obesity prevalence in the European Region, for example, and global public health leaders, economic experts, scientists and bankers often displayed similar knowledge gaps. Intelligence afforded no protection against ignorance unless people checked the facts.

Some 150 participants in the current session of the Regional Committee had completed a survey comprising nine questions to which most people provided incorrect answers. While Regional Committee participants had scored above average on questions about vaccination coverage and life expectancy, they had displayed knowledge gaps when it came to underage alcohol consumption and obesity in Europe. Misconceptions about suicide rates, depression and happiness were also common, both among the general public and experts. The majority of respondents were unaware that suicide rates in the European Region had declined and thought depression to be widespread when in reality only approximately 5% of people suffered from depression. The vast majority of respondents in some Member States believed that the global situation was deteriorating, although the data showed that prosperity, health and well-being had improved around the world over the past two centuries.

Positive developments, gradual change and success stories attracted little media attention. The tendency to over-dramatize events and a lack of interest in facts fuelled misconceptions. Young people should be taught about the dangers of consuming drama and equipped to form their own, fact-based worldview. If consumers demanded facts, news coverage would change. Although the level of misinformation was alarming, shining a spotlight on knowledge gaps could create opportunities. The illusion of knowledge was the biggest obstacle to learning; curiosity and humility were vital for acquiring knowledge. As people were systematically wrong about many global facts, the gaps could be addressed systematically. Leaders needed to investigate, obtain data and take fact-based decisions. Doing so would generate confidence and improve decision-making. In order to encourage people to be informed, the Foundation had developed a set of 700 questions about basic facts of global development and awarded the Gapminder Global Fact Certificate to successful respondents.

Keynote speech by Ms Anne Bucher, Director-General, European Commission, Directorate-General for Health and Food Safety

The Director-General, European Commission Directorate-General for Health and Food Safety, expressed her conviction that the close collaboration between the European Commission and WHO, such as described in the Vilnius Declaration, would continue under the new Commissioner for Health: Dr Stella Kyriakides, a medical doctor from Cyprus, had been nominated for the position.

The European Commission and WHO worked together to promote the full implementation of the IHR (2005) in Europe. The EU Health Security Committee ensured close and regular communication between Member States, EU agencies, WHO and other international partners. The Early Warning and Response System had recently been connected to other relevant alert systems at EU level. Fourteen EU Member States had signed a framework contract for the procurement of pandemic influenza vaccines, and the European Commission and WHO had jointly organized the Global Vaccination Summit the previous week (Brussels, Belgium, 12 September 2019). It was essential to prioritize communication about immunization, explaining the benefits and combating the myths and scepticism that surrounded the issue.

A second major area of collaboration was action to combat AMR. Almost 100 people died every day in the EU from resistant infections. The EU was implementing the European One Health Action Plan against Antimicrobial Resistance and welcomed WHO's efforts to implement its own Global Action Plan.

The European Commission and WHO should work closely together to support national planning to combat cancer. Recent publications by the two agencies included European guidelines on cancer screening and the 2017 report, "Cancer screening in the European Union" prepared by the International Agency for Research on Cancer. She welcomed the recent WHO initiative to combat cervical cancer and eliminate human papillomavirus (HPV) through immunization, which would fit in well with the proposed European plan to beat cancer.

She commended WHO for its emphasis on equity in health. The European Commission took health inequalities into account in all its activities. It worked closely with WHO to improve the health of refugees and migrants, for instance through the Migration and Health Knowledge Management project.

The organization and delivery of health care came within the competence of Member States rather than the European Commission, but the pharmaceutical sector was nevertheless subject to European competition rules. With the assistance of WHO, the Commission was working to improve the sharing of information about medicine prices.

In closing she wished the Regional Director every success in her new post as Deputy Director-General and congratulated her nominated successor, Dr Kluge. She hoped that the current period of change would lead to deeper collaboration, greater impact and a healthier, more prepared and more resilient European Region.

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

(EUR/RC69/6, EUR/RC69/Inf.Doc./1, EUR/RC69/Inf.Doc./2, EUR/RC69/Inf.Doc./3, EUR/RC69/Inf.Doc./5, EUR/RC69/Inf.Doc./6)

The European member of the Executive Board designated to attend sessions of the Standing Committee as an observer reported that the Seventy-second World Health Assembly had adopted 16 resolutions and 24 decisions. She gave details of the following resolutions and decisions, which were not otherwise scheduled to be discussed by the Regional Committee during the session.

In category 1, the Health Assembly had adopted resolution WHA72.5 on AMR. Despite good progress in the implementation of the EU One Health Action Plan against Antimicrobial Resistance, collaboration across sectors remained a challenge, and many countries had no formal or functional multisectoral governance or coordination mechanism.

In category 2, the Health Assembly had adopted decision WHA72(11) on the follow-up to the United Nations General Assembly third High-level Meeting on the Prevention and Control of Non-communicable Diseases (New York, United States of America, 27 September 2018). The European Region was likely to achieve SDG target 3.4 before 2030, and implementation of progress monitoring indicators had improved significantly. Globally, however, progress and investment were not sufficient to meet the target. Several European regional action plans were due for renewal and/or review in the coming year (see document EUR/RC69/Inf.Doc./1). The Secretariat would also report to the Executive Board in January 2020 and then to the Seventy-third World Health Assembly in May 2020 in line with Paragraph (3)(d) of decision WHA72(11) on the implementation of the global strategy to reduce the harmful use of alcohol, and was supporting discussion at the regional level for the development of a roadmap to strengthen implementation of the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020. The Political Declaration adopted at the third High-level Meeting of the General Assembly contained new commitments to reduce air pollution and promote mental health and well-being. The global action plans were prolonged, but the interventions would be reviewed.

In category 3, she drew attention to Health Assembly decision WHA72(9) on the WHO global strategy on health, environment and climate change, which reflected the long-standing work on environment and health in the European Region.

In category 4, she drew attention to the forthcoming high-level meeting of the United Nations General Assembly on universal health coverage, scheduled for 23 September 2019. The Health Assembly had adopted resolution WHA72.3 on community health workers and resolution WHA72.6, on global action on patient safety. Resolution WHA72.7 on water, sanitation and hygiene in health care facilities reflected the European Region's priorities and actions, as defined in the Ostrava Declaration, adopted at the Sixth Ministerial Conference on Environment and Health (Ostrava, Czechia, 13–15 June 2017), and the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes. Health Assembly decision WHA72(14) on promoting the health of refugees and migrants was also relevant to the current situation in the European Region. The Health Assembly had further adopted resolution WHA72.16 on emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured, which reflected activities in the European Region to strengthen the continuum of care, including time-sensitive and emergency care.

The Health Assembly had adopted resolution WHA72.8 on improving the transparency of markets for medicines, vaccines and other health products after an intensive process of consultation. The price negotiation process was a matter for Member States and was subject to national and regional frameworks. The Secretariat could support the process by encouraging collaboration through regional networks such as the Pharmaceutical Pricing and Reimbursement Information network.

One representative called for increased transparency in markets for medicines in order to avoid inequalities in access, improve policy decisions and increase competition. Another pointed out that, in the real world, pharmaceutical companies might offer lower prices on the condition that their prices and data were not disclosed; countries seeking greater transparency might actually be charged the full list price, which meant that their patients would suffer.

Statements were made by representatives of Health Action International and IOGT International.

Written statements were submitted by the Standing Committee of European Doctors, the European Cancer Organisation (also on behalf of the Council of Occupational Therapists for European Countries, the International Alliance of Patients' Organizations, the International Association for Hospice and Palliative Care, the Norwegian Cancer Society, the Centre for Regional Policy Research and Cooperation "Studiorum" and the World Federation of Occupational Therapists) and the European Medical Students' Association.

Draft global strategy to accelerate cervical cancer elimination

The Director, Noncommunicable Diseases and Promoting Health through the Life-course, responding to points raised by representatives, said that it was recommended that girls should be immunized against HPV over a relatively wide age range, namely 9–18 years, to ensure that all of them are fully vaccinated by the age of 15 years. Some representatives reported that the vaccination of girls and boys was equally important and therefore included both girls and boys in their national vaccination plans in order to reach full coverage of immunization against HPV. The Secretariat replied that at lower levels of coverage (<80%), vaccination targeting only girls and women aged 9–18 years is still likely to be more cost-effective than gender-neutral vaccination. Nonetheless, gender-neutral immunization could be considered based on elements such as disease burden, sexual behaviour in a country, equity, programmatic implications, cost-effectiveness, and affordability. The main challenges to implementation of the measures advocated in the draft strategy were the shortage of vaccines against HPV and potential risks to vaccine supplies, since the vaccines were available from only two suppliers. Uzbekistan had agreed to be the first demonstration country for the global flagship project on cervical cancer in the Region.

Development of a global strategy for tuberculosis research and innovation

One representative, from the host country of the recently established WHO collaborating centre working with vulnerable population groups in central Europe, stressed the importance of effective tuberculosis (TB) prevention strategies at both country and regional levels, as well as early diagnosis, screening and adequate treatment for high-risk groups, particularly children from vulnerable groups who came into contact with people with TB. Communities and people affected by TB must be engaged, empowered and supported to contribute to TB control efforts.

Another representative stressed the need for operational research to show why research findings were not consistently translated into health care practice.

The acting Director, Communicable Diseases, drew attention to the urgent need to scale up research and innovation as one of the main three pillars of the End TB Strategy. He referred to the ongoing capacity building work in this field in the European Region, and also referred to the European Tuberculosis Research Initiative, which had been established by the Regional Office in 2016 and included Member States, academia, people affected by the disease and key partners. The Initiative had developed a document summarizing the research priority agenda for the European Region and facilitated collaboration among the partners to address the gaps. He stressed the risks associated with latent TB and drug resistance and called for further research on new vaccines and more effective treatments.

Summary of the draft global strategy on digital health

One representative said that the draft global strategy on digital health should assist Member States in adopting interoperability standards and guidelines for the confidentiality of health data and to proactively work to reduce the digital divide. The current approach would be too broad to facilitate interoperability and the strategy should encourage joint action and the use of common terminology in an operative way. A dialogue was currently under way in the Region on the creation of a European roadmap for the digitalization of health systems. The Secretariat was asked to work further on the draft of the Global Digital Health Strategy in view of the upcoming 146th session of the Executive Board.

Other representatives considered that the draft strategy covered technologies that were already in use in many countries and therefore had low added value. Suggested additions to the strategy included: a rationale for sharing health data (continuity of care, improved quality of care, telemedicine, improvement of artificial intelligence applications); detailed targets on the protection of personal data; sharing of data created by health care providers; governance of digital health data; and economic aspects (who owned the data and who could use it). More emphasis should be placed on creation of the infrastructure for interoperability and clarification of WHO's role in standard-setting. Holistic solutions covering regulation, organizational processes, financial incentives, infrastructure and other mechanisms of policy promotion were required. National investment in digital health solutions, the alignment of the interests of all sectors, including the private sector, and the protection of citizens' interests should also be adequately addressed. Digital technologies could help to relieve the burden on health care providers but, if they were not correctly integrated into organizational processes, they could lead to burnout among health care providers and adversely affect the quality and cost of care. The future guidelines for implementation of the strategy should include recommendations for encouraging stakeholder engagement, creating incentives, determining best practices and adapting existing organizational processes to digital technologies.

The WHO Chief Information Officer explained that the draft global strategy would be complemented by an action plan which would be reviewed and updated every year. The final strategy would place due emphasis on interoperability, data governance and data-sharing, and emphasize the convening role to be played by WHO. The action plan would include a framework for action on prioritization of investment, ethics and data privacy, and also covered health literacy and capacity building in the health workforce. The strategy and the action plan would be combined in one document. Guidance on how to ensure that the recommendations would not rapidly become outdated would be welcome.

Development of a proposal for a decade of healthy ageing 2020–2030

One representative said that future drafts of the proposal should give more details of proposed activities by the Secretariat and emphasize the need to close the current funding gap in health and social care for elderly people in many Member States. Older people should be encouraged to keep working for longer, and health promotion and disease prevention programmes should be set up to facilitate independent living for as long as possible.

Activities to promote healthy ageing should include interventions earlier in life and palliative and end-of-life care. Equity, intergenerational solidarity and the need to adapt health and social care models to an ageing population should also be emphasized. Other representatives said that, since ageing in general was already under consideration by many other forums, the proposal should concentrate on ageism and allocation of resources in the health care sector and related sectors such as social care. The proposal should place greater emphasis on the mental health of older people. Surveillance data should be disaggregated not only by age, but by other factors linked with health inequalities and the social determinants of health.

One representative described the challenges associated with the recruitment of health care workers from other countries for long-term care, particularly verbal communication and a lack of standards for treatments and services.

A representative of the Northern Dimension Partnership in Public Health and Social Well-being said that the Partnership was developing a strategic framework for action on healthy ageing with support from the Swedish Institute and the Government of Germany.

The framework aimed to increase cross-sectoral collaboration, with input from civil society, academia and the private sector. The WHO proposal was particularly welcome as it would help to dispel common misconceptions about ageing.

The Coordinator, Disability and Rehabilitation, WHO headquarters, noted that, in World Health Assembly resolution WHA69.3, in which the Health Assembly had called for the decade of healthy ageing, it had also called for a global campaign to combat ageism, which was currently in preparation with the collaboration of other relevant stakeholders and sectors. The proposed decade focused on prevention activities in the second half of life, since that was the life-stage addressed in the Global strategy and action plan on ageing and health 2016–2020, and one which was currently given insufficient attention. The Secretariat had extensively consulted other United Nations agencies, which had raised many of the same issues noted by representatives: equity, lifelong learning for health promotion and the importance of remaining in the workforce as long as possible would be duly addressed in the next draft of the proposal.

The Director, Noncommunicable Diseases and Promoting Health through the Life-course, noted that the three levels of the Organization worked together particularly well in the area of the health of older people. Over the next year, the Regional Office would focus on long-term care and on how health systems respond to ageing populations.

Report of the Twenty-sixth Standing Committee of the Regional Committee for Europe

(EUR/RC69/4, EUR/RC69/4 Add.1, EUR/RC69/Conf.Doc./2, EUR/RC69/Conf.Doc./5)

The Chairperson of the Twenty-sixth Standing Committee of the Regional Committee for Europe (SCRC) reported that, since RC68, the Standing Committee had held five sessions and

two teleconferences, to review and discuss the agenda, programme and documentation of RC69. It had established three subgroups, on governance, leadership and countries at the centre.

The subgroup on governance had proposed a simplification of the tool for reviewing candidatures for membership of WHO bodies, and the Standing Committee had used the simplified tool at its private meeting in May 2019. The subgroup had also discussed how to improve processes for sharing information between the Executive Board, its Bureau and Member States. The Standing Committee had agreed with the subgroup's proposal that the designated link between Member States in the European Region and the Executive Board should be the member of the Bureau of the Executive Board. It had amended the link's terms of reference to that end. The SCRC had also revised the Rules of Procedure of the Regional Committee for Europe and the Standing Committee of the Regional Committee for Europe to bring them into line with Executive Board decision EB144(3) on governance matters.

The subgroup on leadership had been established to reflect on the Regional Office's leadership role in public health over the previous 10 years. It had found that the Regional Office had played a prominent role with regard to a number of issues and had proven to be well placed to guide others. The subgroup on countries at the centre had prepared for the discussion on country presence that would be held during the session and had examined the modalities for cooperation with countries that had no country office. The subgroup had also looked at innovative ideas to better link WHO to national authorities, including the establishment of a network of national parliaments.

As part of its oversight function, the Standing Committee had reviewed reports on the Regional Office's budget and financial issues, as well as compliance. Lastly, having considered nominations to positions on WHO bodies and committees, it had drawn up a proposed shortlist of candidates, which had been distributed among heads of delegations to RC69, in preparation for the forthcoming elections. Throughout its work, the Standing Committee had promoted and fostered the idea of friendship between peoples and countries.

The Regional Committee adopted resolution EUR/RC69/R2 and decision EUR/RC69(1).

Lessons learned from Health 2020 implementation

The Regional Director said that the guiding principles of Health 2020 had been incorporated into national health policy-making. The Regional Office had worked to align its strategies and action plans with Health 2020 and organized meetings and high-level events on different aspects of the policy framework. Health 2020 had generated a well-developed evidence base, provided a basis for addressing the social and economic determinants of health and enabled work on governance for health. It had facilitated enhanced intersectoral cooperation at the national and regional levels, but there was room for improvement in intersectoral governance and multi-stakeholder alignment. Efforts to implement a multi-determinant approach to health needed to be intensified. The areas of health equity, prevention, health promotion and health financing also required additional attention. Valuable national and subregional health networks had been established and should be expanded, alignment of national policies with the European framework had progressed well, and the policy's targets and indicators had proved useful for results monitoring and accountability. Health 2020 would live on in the 2030 Agenda for Sustainable Development and GPW 13, and it had already influenced global developments in various ways.

Health 2020: leadership in public health in the WHO European Region, and lessons learned from seven years of implementation

(EUR/RC69/15, EUR/RC69/17, EUR/RC69/Conf.Doc./11)

The ensuing panel discussion on Health 2020: leadership in public health in the WHO European Region, and lessons learned from seven years of implementation, was moderated by the Chair of the International Advisory Board, Global Health Centre.

The Director-General for Health and Food Safety, European Commission, said that WHO stood for leadership in health and Health 2020 was an expression of that leadership. The policy was a visionary document which contained concrete elements, ideas and targets. It was based on broad consultations, drawing on input from the Commission and others, and was recognized as a solid document. Over time, the Commission had incorporated many of the concepts and approaches proposed by WHO in its internal policy-making. Health 2020 had helped introduce some of the ideas on ways to give health a more central role in European policy-making.

Since its adoption, the political panorama had changed. Health systems had come under increasing pressure to be sustainable and cut costs, while citizens and the corporate sector were more aware than ever of the central role of health for the well-being of populations, business and the economy. Health 2020 had been instrumental in promoting the health-in-all-policies approach and inspired the EU's commitment to support its Member States in the implementation of the SDGs. As the Commission's attention had turned to implementation, WHO had effectively identified best buys and good, evidence-based interventions. The EU was supporting relevant activities through legislation and financing. Health 2020 had also provided a framework for the Commission's long-standing and successful cooperation with WHO in areas such as tobacco control, health security, vaccination, joint surveillance, and refugee and migrant health. That cooperation should continue and be further expanded.

In response to a question from the moderator, he explained that the European Commission's new "Farm to Fork" strategy for sustainable food aimed to bring European agricultural policy and financing into line with the SDGs. It proposed a holistic approach to agricultural policy-making, where only those products that contributed to sustainability were subsidized. In order to attain its ambitious goals, the farming industry, the food and drink industry and consumers must be brought on board.

The Permanent Secretary at the Ministry of Social Affairs and Health, Finland, said that Health 2020 had certainly helped boost the profile and influence of health ministries. Finland had a long history of promoting public health and primary health care. The rights to adequate health and medical services and health promotion were enshrined in its Constitution, which had laid the basis for Health 2020 implementation. At the same time, well-respected institutions, like WHO, that provided reliable evidence and had no party-political agenda played an important role in progressive policy-making at the national level. National implementation of Health 2020 and the health-in-all-policies approach had laid the groundwork for the implementation of the SDGs, as economic, environmental and social sustainability were already familiar concepts.

Finland's presidency of the Council of the EU provided a useful opportunity to present the concept of an "economy of well-being" and draw attention to the interrelations between health and well-being and economic prosperity. EU Member States had engaged in lively

discussions on the subject and provided concrete examples from their experience. Moving towards an economy of well-being required harnessing new tools and technologies to promote forward-looking policies.

The Minister of Health, Uzbekistan, said that the growing threat posed by NCDs had compelled his country to embark on a far-reaching health system reform. Recognizing the crucial importance of political will, the President himself had assumed responsibility for the reforms, which had been a whole-of-government exercise overseen by Parliament and civil society. An in-depth study of health systems in some 30 countries had been conducted to identify best practices, followed by the development of an intersectoral reform strategy, in cooperation with WHO. Following extensive consultations, 10 groups comprising representatives of various ministries and government departments had been set up and tasked to develop tools for implementing the reforms. Each group had focused on a specific area, including financial management, AMR, NCDs, healthy lifestyle promotion, alcohol and tobacco control, and reduction of road traffic accidents. Although the Ministry of Health had led the reform, it had cooperated closely with other ministries during the process. Political will at all levels, parliamentary oversight, intersectoral cooperation and WHO support had all been crucial to success.

The Mayor of Sant Andreu de la Barca, Spain, said that over the years, cities had integrated Health 2020 into local policy-making, promoting healthy cities through innovative, multideterminant approaches. New political frameworks and interdepartmental alliances were needed to address all determinants of health, using a health-in-all-policies approach. Strong political leadership, good governance, empowerment and citizen participation were crucial. Cities were ideal places to put the policies into practice. Endowed with cross-cutting competencies, municipal authorities were well placed to restructure cities, integrate forward-looking concepts into urban development plans and create public spaces for interaction. Municipal health plans could play a crucial role in meeting the health needs of urban residents. Environmentally friendly mobility, energy efficiency and recycling programmes made cities essential partners for sustainable development. Exchange of best practices between local, national and regional networks and awareness-raising at all levels were vital tools. Urban diplomacy could enable fact-based implementation of measures that improved citizens' health.

When asked about the way in which the governance for health agenda could be taken forward, panellists drew attention to enhancing the effectiveness of organizations. Partnerships within and across countries and governments and with business and civil society were also crucial. Digitalization and the use and expansion of networks would also be essential.

In the ensuing discussion, representatives expressed broad support for the draft resolution. Commending the progress made in the European Region, they drew attention to persistent gaps in health equity. Speakers highlighted the importance of health literacy for equity, commending WHO's work on measuring population and organizational health literacy. One representative described his country's efforts to promote health equity at the national and local levels and identified Health 2020 as a catalyst for cooperation in that regard.

Strong leadership, innovation and coherent, evidence-based policy-making were seen as essential tools to produce better health outcomes. Representatives concurred on the importance of cooperation to implement the 2030 Agenda for Sustainable Development, which would facilitate further refinement of measures taken under Health 2020. One speaker highlighted the value of Health 2020 as a solid, forward-looking framework for aligning regional and national policies and action plans with the Agenda. Another representative

described the Global Action Plan for healthy lives and well-being for all as an instrument to promote coordinated action, under WHO leadership. The Action Plan could provide useful guidance for regional and national activities.

Universal health coverage was seen as an overarching global goal the attainment of which required action at the local, national and regional levels. Representatives expressed support for the establishment of high-quality, people-centred health care systems and referred to the potential role of civil society. Measures to strengthen health care systems needed to be preceded by an analysis of delivery processes, using commonly agreed indicators, and adapted to country needs.

Representatives described emerging challenges in the health sector and highlighted the importance of health-in-all-policies, whole-of-government and whole-of-society approaches. Diversity of interventions was also considered important. One speaker referred to the need to raise the awareness of non-health sectors of the health impact of their policies and expressed support for sharing responsibility for health outcomes across sectors. Representatives agreed on the value of strong partnerships and networks. Political will and commitment, resources and governance were also seen as crucial.

Statements were made by representatives of:

- the European Public Health Association (speaking also on behalf of the Council of Occupational Therapists for European Countries, the European Alcohol Policy Alliance, the European Federation of Allergy and Airways Diseases Patients' Associations, the European Federation of the Associations of Dietitians, the European Forum for Primary Care, the European Medical Students' Association, the International Alliance of Patients' Organizations, the International Society of Physical and Rehabilitation Medicine, the International Union of Toxicology, the Medical Women's International Association, Public Services International, the Centre for Regional Policy Research and Cooperation "Studiorum", the Thalassaemia International Federation, the World Federation of Occupational Therapists, and the Worldwide Hospice Palliative Care Alliance);
- the International Council of Nurses (speaking also on behalf of the European Forum of National Nursing and Midwifery Associations);
- the International Federation of Medical Students' Associations; and
- IOGT International.

The Regional Committee adopted resolution EUR/RC69/R6.

Promoting health equity in the WHO European Region (including outcome of the regional high-level conference, Accelerating Progress towards Healthy and Prosperous Lives for All in the WHO European Region)

(EUR/RC69/11 Rev.1, EUR/RC69/11 Rev.1 Add.1, EUR/RC69/Inf.Doc./8, EUR/RC69/Conf.Doc./10 Rev.1)

The Executive President noted that, despite the long tradition of policies to promote healthy life, well-being and rights-based values in the Region, the rate of reduction in health inequities was slower than anticipated and much lower than what should be possible, given the existing knowledge and commitments to change in Europe. The Health Equity Status

Report initiative and the outcomes of the regional high-level conference, Accelerating Progress towards Healthy and Prosperous Lives for All in the WHO European Region (Ljubljana, Slovenia, 11–13 June 2019) had given a clear insight into the factors driving inequalities in health and shifted the emphasis to finding solutions that could ensure healthy and prosperous lives for all throughout the Region. He commended the Government of Slovenia for hosting that important event.

The Head, WHO European Office for Investment for Health and Development said that recent successes in improving health and well-being in the Region masked large differences both between and within Member States; average life expectancy for women in the Region was 82.0 years, while for men it was 76.2 years. The most economically disadvantaged groups had not only lower life expectancy, but also poorer health and quality of life in their later years. They were more likely to suffer social exclusion and poverty, and were also likely to leave the labour market earlier, which had economic implications.

The gap in health status between people in the poorest and the richest income quintiles could be attributed to five key risk factors. The most important was financial insecurity; many people did not consistently earn enough to afford essentials such as housing, food and heating, and were obliged to work two or three jobs to make ends meet. The other factors, in order of importance, were: poor-quality housing and underdeveloped and unsafe neighbourhoods; a lack of trust, agency and a sense of belonging, linked with poor access to and low quality of education; inequity in access to and quality of health care; and a lack of decent work or poor working conditions.

Reducing inequities brought proven economic benefits: a 50% reduction in gaps in life expectancy would provide monetized benefits to countries ranging from 0.3% to 4.3% of gross domestic product. Opinion polls showed that the public were increasingly concerned about inequities in society, contrary to the claims of many politicians.

WHO had identified six steps to put people at the centre of equitable health and sustainable development policies and bring about measurable reductions in inequities. They were: placing an appropriate value on the lived experience of individuals and communities; maximizing the potential of youth groups and citizens' assemblies; moving away from the stigmatizing narratives of disadvantage; improving accountability through political, social and judicial systems in order to increase people's trust and sense of control over their lives; working with local communities to identify local issues, devise solutions and build sustainable social action; and integrating social values into fiscal and economic growth policies. WHO had estimated that those policies could save 10 000 lives in a country with a population of 3 million and over 500 000 lives in a country with a population of 140 million.

The subsequent panel discussion was moderated by the Head, WHO European Office for Investment for Health and Development. Panellists described various aspects of activities to counter inequity in their own countries.

The Permanent Secretary, Ministry of Social Affairs and Health, Finland, said that Finland was promoting a combination of services aimed at the entire population, which reduced the risk of stigmatization of specific groups, and services targeted at those in particular need. Naturally, reliable and disaggregated data were essential to identify the latter. Finland currently held the Presidency of the Council of the EU, and one of its stated priorities was the introduction of an "economy of well-being" approach, aiming to find a balance between the needs of people and the needs of the economy in European policy-making.

The Minister of Health, North Macedonia, described his country's new model of primary health care, which was consistent with the Declaration of Astana, adopted at the Global Conference on Primary Health Care (Astana, Kazakhstan, 25–26 October 2018). Social services had been integrated with primary health care for the first time in a pilot scheme in one region, which was now being scaled up throughout the country. Access to medicines, which had been a major barrier to equity in health care, had greatly improved, and an electronic prescription system was in preparation. Immunization coverage had increased from 80% to 99% in just eight months.

The Director, European Youth Card Association, Slovenia, said that the promotion of a healthy life was recognized as a major challenge in the Slovenian Development Strategy 2030, particularly in the light of rising health needs and increasing expectations of the health system. The Slovenian Government worked closely with nongovernmental organizations, viewing them as valuable partners with access to the most hard-to-reach groups rather than as political activists or front-line responders to the most immediate needs. Governments were called upon to appoint health champions from nongovernmental organizations and provide information and training about health policy and priorities.

The Minister for Health and Social Services, Welsh Government, Wales, United Kingdom of Great Britain and Northern Ireland said that the “Healthier Wales” plan for health and social care, adopted in 2018, integrated health care and social care in a health-in-all-policies approach. It promoted collaboration between the health sector, other relevant sectors such as housing, and nongovernmental organizations, with the close involvement of the people for whom the services were intended. The health and social care sectors themselves, which together employed over 200 000 people in Wales, were essential partners in the transformation.

The Director, Institute of Health Equity, University College London, United Kingdom, suggested a number of ways in which ministries of health could contribute to greater health equity, by taking a broader perspective of health which went beyond purely medical issues; engaging in training, education and advocacy; empowering the health system to act to increase health equity; and working in partnership with other sectors and stakeholders.

The Head of the WHO European Office for Investment for Health and Development concluded that, in order to increase health equity, it was essential to collect relevant data and evidence and model the direct and indirect impact of proposed action on the society and economy of the country concerned, with the involvement of those who would be affected by it. Action must be planned and delivered by multiple sectors and stakeholders, including civil society, but the health sector should take the lead.

A short video was shown, as part of the “Voices of the Region” series, in which a Slovenian man living with schizophrenia described the help he had received from the local centre for health promotion and the importance of making such assistance available to everyone, whatever their social or financial status.

In the ensuing discussion, representatives described their countries' experiences of action to promote health equity, including early-years interventions to improve the life chances of vulnerable children and the employment of health mediators for health promotion and disease prevention among marginalized groups, including Roma communities.

Representatives called upon the Regional Office to work with other European networks to identify indicators for health care quality, adapt them to different national situations and

monitor them in the short term; collect evidence to show the benefits of action to combat health inequities; and provide technical support to enable Member States to identify new ways of presenting evidence. They stressed the potential contribution of subregional mechanisms such as the WHO Healthy Cities Network and the WHO Regions for Health Network, and said that the proposed multidisciplinary health equity alliance should include policy and management experts as well as scientists. Member States were urged to increase their pledges at the Sixth Replenishment Conference of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Statements were made by representatives of:

- EuroHealthNet;
- International Federation of Medical Students' Associations;
- Medicus Mundi International;
- Medical Women's International Association (speaking also on behalf of Age Platform Europe, Council of Occupational Therapists for the European Countries, European Public Health Association, European Federation of the Associations of Dietitians, International Association for Hospice and Palliative Care Inc., The Network: Towards Unity for Health and World Federation of Occupational Therapists);
- Standing Committee of European Doctors;
- World Organization of Family Doctors (WONCA) Europe; and
- Worldwide Hospice Palliative Care Alliance (speaking also on behalf of International Association for Hospice and Palliative Care).

Written statements were submitted by the International Council of Nurses (also on behalf of the European Forum of National Nursing and Midwifery Associations) and the International Society of Radiology.

The Regional Committee adopted resolution EUR/RC69/R5.

Implementation of the Programme budget 2018–2019 in the WHO European Region and Programme budget 2020–2021: the regional perspective

(EUR/RC69/18, EUR/RC69/19, EUR/RC69/Inf.Doc./4)

The Director, Administration and Finance, reported on the implementation of the Programme budget 2018–2019 in the Region. As of June 2019, the Programme budget had been 89% funded, which was better than the figure for the previous biennium. With voluntary contributions, the approved programme budget for the current biennium is expected to be 96% funded. The rate of utilization of the approved budget (base segment) had risen from 57% to 67%, which was higher than any other region compared to the previous biennium. The Regional Office enjoyed strong support from donors within the Region, including the EU, and two major donors from outside the Region, namely Japan and the United States of America.

Voluntary contributions were increasing but were often not flexible funding, which gave the Regional Office less opportunity to reallocate to underfunded programme areas. Projected funding was high for the areas of Noncommunicable diseases and Health systems, but less

promising for the areas of Promoting health through the life-course and the WHO Health Emergencies Programme in respect of prevention activities. Overall, therefore, the programme budget was well funded in the current biennium and progressing according to plan for the next biennium.

The Programme budget 2020–2021 was the first to be developed under GPW 13, and was aligned with the Health 2020 policy framework and the SDGs. The budget allocated to the European Region with its 53 Member States was the second smallest of all the regions, comprising approximately 7.5% of the Organization’s total budget. In accordance with the principles of strategic budget space allocation, additional budget space was expected to be allocated to the Region in 2022–2023. The Secretariat was currently operationalizing the budget, maintaining a ratio of approximately 60% planned at the regional level and 40% to countries, and allocating most of the planned budget to universal health coverage, prevention and management of emergencies.

The process of budget development had been characterized by a bottom-up, iterative planning process, programmatic collaborative approaches and action in the light of lessons learned. New features were the prioritization by outcomes rather than outputs, development of country support plans and global and regional public health goods, and planning with headquarters programmes for country support. The next steps were to develop operational workplans, including human resource planning; finalize the interprogrammatic collaborative workplans and regional public health goods; ensure alignment with global public health goods; activate and ensure funding for workplans; and ensure monitoring and reporting in a form consistent with GPW 13.

The WHO Assistant Director-General for Data, Analytics and Delivery gave details of the draft results framework, intended to measure the impact of GPW 13. The framework was in three parts: the impact framework, with quantitative targets and indicators on the three levels of healthy life expectancy, the “triple billion” targets, and programmatic indicators and milestones to measure outcomes; the “balanced scorecard”, which measured Secretariat outputs; and country case studies, which provided a holistic view of the impact and contributions of WHO activities at country level.

The impact framework included 46 programmatic indicators and milestones, 38 of which were identical to the SDG indicators; more detailed indicators had been added for key areas such as AMR and poliomyelitis (polio). Fifteen of the 40 indicators of the Joint Monitoring Framework were precisely aligned with the impact framework’s programmatic targets.

The triple billion targets of GPW 13 would be measured through three indices dealing, respectively, with: universal health coverage; health emergencies (specifically preparation activities under the IHR (2005) prevention activities including immunization, and timeliness of response); and healthier populations (including measurement of collaboration with sectors beyond health).

The results framework used existing indicators from the Joint Monitoring Framework, GPW 13 and the SDGs in order to avoid an additional reporting burden for Member States as far as possible. Following further consultations with Member States and technical meetings to refine the results framework methodology, the Secretariat would establish numerical baselines and milestones for the programmatic indicators and present the draft results framework to the Executive Board at its 146th session in January 2020 and then to the World Health Assembly for adoption in May 2020.

The Director, Planning, Resource Coordination and Performance Monitoring, WHO headquarters, gave further details of the balanced scorecard, which showed aggregated scores over six “dimensions” of the Secretariat’s work, namely: leadership; achievement of results in ways leading to impact; value for money; integration of gender, equity and human rights; technical support for countries; and effective delivery of global public health goods. The Secretariat had defined more than 300 global public health goods, which were directly linked with the outputs of Secretariat activities. For each output, it would measure the number of global public health goods implemented, the uptake in countries and the quality of the output. Since the previous session of the World Health Assembly, it had pilot-tested the balanced scorecard approach, conducted internal consultations across all three levels of the Organization and invited external and internal experts to refine the attributes and criteria. The next steps were to test the amended scorecard; finalize the measurement instrument; submit the scorecard to the Executive Board for approval; and develop a scorecard tool.

In the ensuing discussion, one representative stressed that the Executive Board must be kept fully informed about the work to implement the new programme budget approach at all levels of the Organization, with an indication, for instance, of the ways in which individual departments would be able to deliver as one WHO on joint outcomes. The increased emphasis on the country level must be accompanied by increased accountability; more informed discussion by the governing bodies would be required in respect of the performance of the country offices. He called for the full draft of the next programme budget to be presented to the Regional Committee, as opposed to the “high-level” version that had been submitted for the current budget. He further noted that headquarters and the Regional Office should issue fewer surveys and improve their management. Online surveys were difficult to complete in cases where various government departments needed to consult one another about their responses. An annual overview of planned requests for reporting would help to ensure timeliness of reporting, coordination and the efficient use of resources.

Another representative, noting the risks identified in respect of unpredictable financing, called on the Secretariat to keep the Regional Committee fully informed of the progress of negotiations with potential donors. A third expressed her concern that the proposed new methodology for the universal health coverage index had apparently not been approved by the Inter-agency and Expert Group on Sustainable Development Goal Indicators (IAEG) and requested confirmation that it would be subjected to the formal IAEG process after pilot-testing. Representatives asked specific questions about the use made of the US\$ 5.5 million allocated to polio activities; the severe underfunding of important programmes, including transparency and risk management, and environment and health; the 10% increase in staff numbers and the areas in which the new staff were employed; and the potential for allocating flexible funding to country offices to support their enhanced role.

The Director, Administration and Finance, responding to the points raised, said that the Region’s polio budget was mainly allocated to priority countries, particularly in central Asia, that were at risk of imported polio cases from neighbouring regions. Digital processes would be introduced to improve efficiency and reduce costs in areas such as risk management and capacity-building for country offices. Business continuity planning and risk management would be integrated into operational plans. The regional business model would evolve as greater emphasis was placed on activities at the subregional and country levels.

The Assistant Director-General for Data, Analytics and Delivery, WHO headquarters, acknowledging the need to reduce the reporting burden on Member States, said that pilot-testing of new simplified reporting methods was currently in progress.

The Regional Director said that WHO headquarters was seeking ways to redistribute funding from headquarters to the regional and country levels, by reviewing donor agreements to see whether funding could be redistributed to a lower level, ensuring that future donor agreements allowed for such redistribution, and moving budget centres to the level of Executive Directors and Assistant Directors-General for greater flexibility. From January 2020, a small global team would work on redistribution of funding.

A statement was made by a representative of the Worldwide Hospice Palliative Care Alliance, speaking also on behalf of the International Association for Hospice and Palliative Care Inc. A written statement was submitted by the International Federation of Medical Students' Associations.

The WHO transformation and its implications for the WHO European Region

(EUR/RC69/9)

The acting Regional Director introduced the second report on the WHO transformation and its implications for the Region. The reform activities were fully aligned with the 2030 Agenda for Sustainable Development and the current reform of the United Nations development system. Several of the approaches pioneered in the Region, including biennial collaborative agreements, the network of national counterparts, the establishment of the geographically distributed offices and the creation of multilateral and bilateral platforms such as the Small Countries Initiative, had contributed to the transformation process both in the other regions and globally.

The new operating model for WHO, launched in March 2019, was intended to break down "silos" and restructure the Organization to match the three strategic priorities of GPW 13. New, agile ways of working were being introduced, which would integrate WHO's work both vertically and horizontally and strengthen technical networks. The regional offices would be responsible for technical support for Member States, while headquarters would be responsible for normative work and provide additional technical support in areas not covered by the regional offices. WHO headquarters had defined a list of global public health goods, with a strict quality control mechanism and measurement of impact at country level. Regional public health goods were now being defined and aligned with the global goods in order to avoid duplication. Technical support would be based on the priorities in the country support plans drawn up at regional and country level. Ownership of the transformation process had now been transferred from the Global Transformation Team to business owners, the executive management and all staff across the whole Organization in order to integrate the transformation into every aspect of the Organization's work. She had appointed the Director of the Division of Noncommunicable Diseases and Promoting Health through the Life-course as the Regional Transformation Lead in the European Region.

Processes at the Regional Office had already been aligned with the new global operating model in several respects, including planning and communications. The Regional Office was spearheading the alignment with the new GPW framework for the Programme budget

2020–2021 and also contributing to the redesign of global recruitment, supply chain management and performance management processes, as well as core technical functions such as norms and standard-setting, research, provision of data and the strategic policy dialogue.

As part of the efforts to create a shared organizational culture, staff had participated in a “values jam” which had led to the creation of the first-ever WHO Values Charter. The Regional Office was currently developing a culture change action plan, which would address the results of the 2017 WHO-wide culture survey and the recommendations of the Respectful Workplace Initiative. The plan was expected to be completed by the end of 2019, and recommended actions would also become an important component of staff formal appraisals.

The acting Regional Director also provided an update on recent developments in the transformation process in the Region. The new operating model placed a strong emphasis on increasing WHO presence in countries and impact at country level. The Regional Office had transformed its work through the revised framework for policy dialogue and strategic and technical support, and conducted face-to-face meetings with country offices to determine their needs and priorities, and to prioritize and coordinate the support from the Regional Office and headquarters.

Staff had enthusiastically embraced the new Values Charter. To mainstream and integrate the values in everyday work, the Organization would be focusing on each of the values every month. Work would also continue on the action plan for culture change in the Region, including the outpost offices and country offices.

The Regional Office was closely involved in and contributing significantly to the development of the WHO Academy, which, it was envisaged, would provide training in all the competencies required for implementation of the health-related SDGs and WHO’s triple billion targets, in the form of an innovative digital learning platform for both staff and Member States.

A staff survey and staff meeting would take place in late September and early October 2019 to present the progress achieved to date in the transformation process and also to collect feedback from staff. A regional General Service Staff Task Force would be established to make full use of the great skills and expertise of general service staff, with an emphasis on transparency, ownership of the transformation process, staff engagement and timely dissemination of information.

Representatives generally commended the Secretariat on the ambitious transformation programme. They asked for more details of the challenges and costs that must inevitably accompany the process, while also calling for more clarity and stability regarding structures, timelines and expected results, as well as the impact on the staff of the Regional Office.

A representative asked about the implications of the shift in responsibility for normative work to headquarters for the Regional Office’s own normative work and about the process of communicating information about new norms and standards, since Member States were not always fully informed of new developments. Some capacity for direct support for countries from the Regional Office should be maintained, since not all Member States had country offices: a risk management strategy for work done at country level was also required. Another representative said that WHO activities in countries should be more closely aligned with those of other United Nations organizations, for instance by aligning the planning cycle of the general programme of work with those of other United Nations organizations by 2026.

The acting Regional Director, responding to the points raised, said that, in fact, headquarters faced greater challenges than the regional offices: she had been involved in planning the list of global public health goods, technical cooperation with countries, liaison with regional offices and a two-year human resources plan. The integration of processes into the structure of the triple billion targets, outcomes and outputs and the creation of the global impact framework were further challenges at the headquarters level and were more advanced in the Region. The first priority was to create a strong headquarters which would also take on a global leadership role; that would require major changes in organizational culture over a period of 1–2 years. Headquarters would take overall responsibility for the Organization's normative work, although the regional offices would still provide input into the standard-setting process, contribute to normative work in selected areas where the Region is already playing a leading role (such as in the normative work related to the WHO Air Quality Guidelines) and develop context-specific regional public goods. The current list of regional public health goods was being finalized.

The funding allocated to the European Region was, indeed, very low relative to its size and the large number of Member States. Its business model was unique among the regions in that considerable technical support was provided by the Regional Office and the outpost offices for Member States without their own country office. Member States also put their own technical and financing capacity at the disposal of the Regional Office and headquarters. She called on Member States to advocate in the global governing bodies for a higher, more flexible budget for the Region.

Measurement of progress was already integrated into all activities, including the process of development of the global public health goods. She would ensure that regular reports were submitted to the Regional Committee and the WHO governing bodies.

The Director, Noncommunicable Diseases and Promoting Health through the Life-course, and Regional Transformation Lead, acknowledged the challenges facing staff during the transformation process. The culture change plan, which was being implemented simultaneously with the transformation, should equip staff with the skills to cope with the many changes they faced. She emphasized the need to invest in learning and development activities for staff, including managerial training, to be able to fully transform the Organization.

A statement was made by a representative of the International Federation of Medical Students' Associations congratulating WHO on the achievements with regard to the transformation process.

Putting countries at the centre in the WHO European Region

(EUR/RC69/12 Rev.2, EUR/RC69/Inf.Doc./9)

A short video was shown which described the history and impact of the Regional Office's work at country level. WHO was poised to enhance its work in and with countries under GPW 13, which had a strong country focus. The European Region had been country-focused for years. The development of Health 2020 had been inspired by the recognition of the need for interconnected policies and a unified European framework to improve health outcomes across the Region. Many elements of the policy had fed into the 2030 Agenda for Sustainable Development, and Health 2020 implementation had already contributed to the achievement of some SDG targets. In order to facilitate the Regional Office's work at country level, extensive training of WHO staff and key national stakeholders had been conducted, thus reducing the

dependency on regional and global capacities. In order to make best use of scarce resources, a range of networks had been established to facilitate resource-sharing among Member States. Health 2020 had originally been designed to overcome barriers and promote cooperation for health. As GPW 13 and the SDGs set the new direction, Health 2020 continued to provide a vision for the Region, which was well placed to deliver on its ambitious goals.

The Director, Country Support and Communications, introducing the item, said that the Regional Office had worked in, for and with countries for a decade, making WHO more relevant to Member States through closer cooperation. As resources were scarce, the Regional Office had drawn on Member States' own capacities and knowledge and cooperated with national agencies and partners. Health 2020 had provided the overarching framework for intercountry and cross-divisional work, but also for work across the three levels of the Organization. Work with countries had also been across various levels of governance: with ministries, at subregional level through multi-country networks and with national counterparts as key partners. Extensive training had been conducted for heads of WHO country offices and local technical, administrative and support staff to bolster their capacities to deliver. WHO's staff had been a precious asset for country-level delivery. The Regional Office had also organized a series of visits to WHO country offices to afford members of governing bodies an insight into WHO's country work.

The ensuing panel discussion was moderated by the Director, Country Support and Communications.

The Deputy Director, Department of International Cooperation of the Ministry of Health, Poland, shared some impressions from her visit to the WHO country office in Kyrgyzstan. Most staff at the office were national professional officers, their competencies and numbers were adjusted to country needs and the office was well equipped to provide support to the health ministry and other stakeholders. Demands on WHO representatives were high: they needed to have sound knowledge of local circumstances, the ability to navigate through the system, and the capacity to provide leadership for the country office and other agencies. The Representative at the Kyrgyzstan office had acquired experience in several other duty stations prior to her posting, and her ability to build on the accomplishments of her predecessor provided a sense of continuity. The country office effectively coordinated the health activities of different development actors and interagency cooperation took place in a spirit of dialogue and partnership. WHO's country work and the engagement of the Kyrgyz Government at all levels had fostered significant progress in public health in the country.

The Deputy Director, National Health Care Service Centre, Hungary, gave a brief overview of her impressions from the visit to the WHO field office in Gaziantep, Turkey. The office had been established to facilitate basic health care services for Syrian refugees and internally displaced persons. The office operated in a highly complex security environment characterized by political instability and provided leadership and coordination to some 70 health actors delivering emergency care, vaccination, primary care and basic mental health services. The circumstances required utmost commitment, both from WHO staff on the ground and the Organization as a whole, as well as a clear coordination mechanism. The office's mode of operation was unique in so far as it cooperated with health hubs and humanitarian actors located in other WHO regions. The leadership and professionalism of the office and the dedication of its staff were well recognized and respected by all other agencies working in the area.

The United Nations Resident Coordinator, Kyrgyzstan, said that WHO played a crucial role within the United Nations Sustainable Development Cooperation Framework. The Organization's leadership within the United Nations family and the Kyrgyz Development Partners Coordination Council, among others, was highly valued. The WHO country office had supported the development of a national health strategy and had been instrumental in making the 2018 World Nomad Games a smoke- and alcohol-free event. It was also leading the work on building Kyrgyzstan's emergency response capacities. The WHO transformation agenda and the endorsement by the Director-General of the principles underlying the reform of the United Nations development system had provided fertile ground for such achievements. WHO's commitment to the results-based accountability of its country-level leadership was exemplary. At country level, United Nations agencies were increasingly acting as one, as illustrated by a recent joint retreat on key development challenges, in which representatives of different United Nations agencies and the Kyrgyz Government had participated and which had resulted in an action plan to be implemented with United Nations support.

The reform of the United Nations development system required greater financial stability at country level and coherent cooperation among the different actors. Given the interdependence and indivisibility of the SDGs, the drive for common outcomes must be balanced against agency-specific resource needs, to enhance the effectiveness of development work. The structural reconfiguration of the system was unfolding successfully, and alignment of leadership capacity-building with the Mutual Accountability Framework would enable the shift in mindset needed to transform the way in which the United Nations supported Member States' development agendas. Without that shift, agencies ran the risk of being unevenly aligned with country needs. He congratulated the Regional Office for its new country office in Kyrgyzstan, which was an inspiring example of a health-friendly work environment to be emulated by other agencies.

The WHO Representative, Belarus, said that the nature and volume of country work in the European Region had changed significantly over time. WHO representatives needed to be knowledgeable about a broad range of subjects, including public health, management and communication, WHO and its corporate priorities, and WHO's role within the United Nations system. Representatives were responsible for providing and mobilizing technical support, expertise and resources to address existing and emerging public health challenges. The Regional Office prepared WHO representatives well for their complex role. Induction courses, continuous learning, monthly teleconferences, and participation in selected WHO meetings and biennial retreats provided opportunities to boost representatives' skills in areas such as health financing, emergency response, communication, resource mobilization and health diplomacy. Staff rotation and mobility helped staff deepen their knowledge and understanding of the Organization and the Region as a whole. WHO representatives greatly appreciated the opportunity to learn and engage with colleagues in order to build their capacity to deliver the Organization's mandate.

The Deputy Director-General, Information and International Relations, Ministry of Health, Israel, said that the role of WHO national counterparts was beneficial to their own country and to others. National counterparts had direct access to WHO information, were familiar with local health systems and engaged with counterparts from other countries, serving as liaison between different levels and stakeholders. She provided examples of the ways in which cooperation with WHO had generated reforms and innovation in her own country and opened doors to exchanging experience and sharing knowledge with others. Israel's cooperation with WHO was framed by country cooperation strategies, which addressed a

range of issues identified as priorities. Cooperation with WHO generated progress at country level and enabled Member States to contribute their experience and knowledge to the Organization's work at the regional and global levels. Country offices were valued conveners, even in high-income countries, that brought people together around the common goal of better health for all.

The Head, Division for Health Promotion and Prevention of NCDs, Ministry of Health, Slovenia, said that country offices were powerful facilitators of collaboration between WHO and countries, regardless of the country's development status.

In response to Member States' long-standing uncertainties about the effectiveness of the Regional Office's work at country level, the SCRC had established a subgroup on countries at the centre tasked to examine the matter. A series of visits to WHO country offices had been organized for members of governing bodies, which had provided first-hand insight into the excellent cooperation between country offices, other agencies, host country governments and civil society. The visits had also facilitated an understanding of Member States' diversity in terms of context, needs, capacities and ways of working, and the different modalities of country work. Through cooperation with WHO, countries were able to generate resources, adopt innovative approaches and share their knowledge and experience with others. Staff in the country offices visited had displayed an impressive degree of flexibility, professionalism and motivation, which enhanced the value of the Organization as a whole. Country offices' cooperation with the Regional Office was also exemplary, and subregional networks usefully complemented country work.

In the light of the excellent performance of country offices, the subgroup had been hard-pressed to identify areas for improvement. It had suggested designating so-called "WHO ambassadors": senior retired professionals with sound knowledge of WHO processes who were already present in a given country and could promote WHO's work and provide feedback to the Organization about the situation on the ground. It had also proposed establishing multi-country duty stations that could provide issue-specific technical and strategic support and resources. The Regional Office might also wish to explore innovative options for facilitating the engagement of newly elected governments with WHO.

In the ensuing discussion, representatives expressed strong support for the vision outlined in the report and commended the interconnection between Health 2020, the 2030 Agenda, GPW 13 and the reform of the United Nations development system. There was broad agreement that the policy advice and technical support provided by WHO country offices and their cooperation with national counterparts and stakeholders had boosted national health outcomes. One representative referred, in particular, to the technical support provided by the Regional Office in the development of national plans and strategies to implement Health 2020. Representatives highlighted the value of collaboration, while drawing attention to the need to discuss practical challenges to collaboration such as language barriers, among others. Calls were made to further enhance the use of WHO expertise and technical support in countries. Cooperation at all levels, based on a common outcome-focused approach, was seen as a key tool to meet emerging health challenges. It was proposed that NCDs should be included in the WHO cooperation agenda. Ever-closer cooperation on health safety issues and secure information exchange were seen as crucial to meet emerging challenges. Attention was drawn to WHO's role in developing solutions for the lack of medical and nursing staff in some Member States. Representatives reported on plans to hold joint meetings of health and

environment ministers to discuss ways to tackle the growing burden of diseases associated with the environment and noted the value of WHO involvement in such initiatives.

There was broad recognition of the added value of strategic partnerships, networks and subregional commitments when it came to facilitating policy coherence, exchange of experiences and support. Appreciation was expressed for the political, managerial and technical support provided by the Regional Office to subregional networks. The direct involvement of the Regional Director and the excellent leadership provided by the relevant divisions at the Regional Office were perceived as important drivers of progress. It was considered useful to conduct periodic reviews of WHO's contribution to country work and of synergies at the subregional level. Speakers endorsed the idea of expanding networks and working through multi-country hubs. The WHO Family of International Classifications Network was mentioned as a useful forum for cooperation in the light of some Member States' limited institutional and human resource capacities in that area. It was noted that Member States' participation in WHO expert groups and bilateral thematic working groups could facilitate a systematic approach to cooperation and help harness the knowledge of national experts for the benefit of the Organization as a whole. GPW 13 was seen as a tool to enhance the efficiency of outcome-oriented cooperation. The professional and timely support provided by WHO country staff was commended. The network of national counterparts was seen as an important tool for communication with countries. Representatives agreed that the network should be maintained. It was nevertheless proposed that the selection criteria for national counterparts be reviewed so as to ensure that they were well versed in the workings of WHO and engaged closely with country offices and other levels of the Organization.

Representatives welcomed the shift in focus to the country level and the proposal to strengthen dialogue with countries further. One representative pointed out, however, that such a shift generated an even greater need for genuine opportunities to scrutinize the delivery of results. The review of the report on WHO presence in countries, territories and areas, to be conducted under the oversight of the governing bodies, was deemed useful in that regard. Representatives expressed appreciation for the country office visits organized by the Regional Office, which had provided useful insights into WHO's country work. While they were a welcome addition, the visits nevertheless failed to provide the full answer to transparency and accountability. Additional information was requested about the way in which the work of the SCRC subgroup on countries at the centre would be taken forward, for example by developing a regional country strategy. Attention was drawn to the fact that country offices in the European Region were comparatively under-resourced and that additional flexible funding would be needed to build capacities. Representatives called for further discussion on sustainable solutions to financial challenges.

Representatives considered biennial collaboration agreements (BCAs) to be useful frameworks for cooperation. The United Nations Issue-based Coalition on Health and Well-being was also seen as an important mechanism. Given the impact of wider United Nations reform, in particular the transformation of the role of United Nations resident coordinators, it was deemed important to dovetail BCAs with the United Nations Sustainable Development Cooperation Framework. The crucial role of WHO representatives in day-to-day cooperation between the Regional Office and Member States and in the effective planning and implementation of BCAs was highlighted. Representatives from Member States without country offices called for further discussion on mechanisms for the effective delivery of WHO support. It was suggested that the participation of WHO experts in select meetings of subregional networks might bring added value and help avoid duplication. It was also noted

that additional consultation with Member States on the content of reports prior to their publication on the WHO website would enhance the quality of the documents.

Representatives identified the effects of globalization, climate change, population ageing, the double burden of communicable and noncommunicable diseases, and the need to tackle health gaps between different social groups and between Member States as important challenges. Health 2020 was seen as an enabler of interconnectedness between the local, national and regional levels of the health sector, and as a common, Region-wide approach to health. Mention was made of the need for additional research and capacity-building in health diplomacy, in cross-cutting and cross-border features of health, in migration and health, and in emergency care. Governing body meetings were seen as important enablers of direct involvement of Member States in key health policy discussions. The value of mutual learning approaches was also highlighted.

The Director, Country Support and Communications, thanking the Regional Committee for its support and appreciation of WHO's country work, said that all comments and suggestions would be taken on board. The Regional Office stood ready to engage in further discussion on ways to enhance the work at country level, increase transparency and generate ever-closer engagement in Member States with and without country offices. Options for sharing reports with Member States in addition to the existing consultation mechanisms could certainly be explored.

The Regional Director said that the discussions held at the regional level would be continued within the global governing bodies. Arrangements had been made for conducting visits to country offices in other WHO regions, following the European model. The need for additional flexible funds to support and build WHO's work at country level was beyond doubt and would be discussed further, including at the regional and global levels.

Report on the work of the geographically dispersed offices in the WHO European Region

(EUR/RC69/16 Rev.2, EUR/RC69/Inf.Doc./7 Rev.2, EUR/RC69/Conf.Doc./4 Rev.2)

The Regional Director gave an overview of the ethos and work of the geographically dispersed offices (GDOs) and outpost offices. As the largest WHO region with the smallest core budget, the Regional Office's resources were stretched; outpost offices provided invaluable support for the delivery of its work programme. Outpost offices, which were generously funded by host countries, added considerable technical capacity to the Region as centres of excellence, providing essential support to Member States, organizing regional meetings, conducting training programmes and gathering data and evidence for policy-making. The most recently established GDOs, in Moscow and Almaty, were already engaged in significant amounts of work, cooperating actively with Member States and making a major contribution to the outputs of the Regional Office. Under the GDO strategy, which was very carefully applied, the offices were fully integrated into the work of the Regional Office. The concept of outpost technical offices was unique to the European Region and served as an example to other regions, as recently seen with the establishment of a new Centre for Environment and Health in the Republic of Korea to serve the Western Pacific Region, which was inspired by the European experience. The Director-General was considering how such offices could contribute to the global work of the Organization, while remaining part of the regional architecture.

A panel discussion was held, moderated by Dr Roberto Bertollini, temporary adviser (and former Chief Scientist and WHO Representative to the EU), who asked panellists to expand on the added value of the outpost offices, their incorporation into the work of the Regional Office, and their delivery of policy guidance and tools.

The acting Regional Director explained that the challenge from a managerial perspective was to ensure both a strong sense of ownership of the outpost offices by the Organization and a sense of their integration into the work of the Organization. Their location outside Copenhagen gave rise to the misconception that they were not essential to the core business of the Regional Office. A further misconception was that they were self-sufficient and did not require resource mobilization. Their work therefore needed to be more visible. Every effort was being made to keep the lines of communication between the outpost offices and the Regional Office permanently open, and to ensure that these offices were involved in cross-divisional activities. The managerial arrangements also supported the outpost offices to be integral parts of the technical divisions. GPW 13 provided a useful framework for such integration measures.

The acting Director, Programme Management, added that outpost offices delivered a full portfolio of intercountry and country work. While the funding provided by the host countries was extremely generous, partner funding must also be mobilized. The Global Management System ensured full transparency regarding the use of funds and harmonization of recruitment processes. Internal and external audits had shown no accumulation of risks related to outpost offices.

The WHO Coordinator for Health Financing Policy underscored that the outpost offices' physical location did not mean their functional separation from the Regional Office. The Barcelona Office for Health Systems Strengthening, for example, had done ground-breaking work on health systems and NCDs. Its training course on health financing for universal coverage was well known and was likely to be taken up at the global level.

The Head, WHO European Centre for Environment and Health, emphasized the continued relevance of the Centre's work; its platform for multisectoral policy dialogue was fully in line with and contributing to the health promotion pillar of GPW 13. It provided support to all Member States, 40 of which were developing national portfolios on environment and health. The GDO was also relevant to the second pillar of GPW 13: Keep the world safe, including by supporting Member States to prepare for extreme weather events, such as heat waves, and responding to environment and health emergencies. It continued to make a global contribution through standard-setting, such as the ongoing updating of the WHO Air Quality Guidelines.

The Head, WHO European Office for the Prevention and Control of Noncommunicable Diseases, described the Office as a powerhouse of innovation, developing work on the digital marketing of unhealthy products and promoting government action and control. A tool for collecting data from social media and blogs had been developed. Particular progress had been made in gathering and using evidence on the health risks of trans fats, as a result of which 37 Member States in the Region were almost free of trans fats.

The Head, WHO European Office for Investment for Health and Development, presented the work of the Office, which was working with a range of partners to promote the links between health and economic growth and development, and in particular to raise the awareness of the banking sector; health was too often seen as a cost. Inequities could be addressed by placing health at the centre of growth and development plans. An analysis had been completed in North Macedonia, showing the impact of health on household income and the attainment of

social goals for growth and development. The evidence gathered had been used to draft a policy brief for the banking sector in Skopje.

The Head, WHO European Centre for Primary Health Care, described the work of the Centre, without which the Regional Office would not be able to deliver on universal health coverage. The Centre conducted in-depth analyses in countries to identify the root causes of persistent performance problems. The Centre's location in Kazakhstan allowed it to learn from the host country's model practices.

The Head, WHO Barcelona Office for Health Systems Strengthening, presented evidence that financial hardship resulting from out-of-pocket payments for health care was on the rise in all but one of the WHO regions. The European Region was not the exception. The Barcelona Office worked to give visibility to the poor, and to ensure that no one was left behind, moving beyond data and evidence to action.

In the ensuing discussion, representatives of Member States commended the diligent implementation of the GDO strategy. They welcomed the technical support and guidance received from the outpost offices, the outputs of which were invaluable. While the benefits of these offices were clear and cooperation with them should be strengthened, the critical mass of technical expertise should remain at the Regional Office in Copenhagen; the establishment of any further GDOs should therefore only be considered in close cooperation with the Regional Committee and the SCRC. One representative asked what measures were being taken to ensure consistency between the work of the outpost offices and the Regional Office. She pointed out a common misconception, which was also mentioned in the report on the work of the GDOs in the WHO European Region, that jobs were less secure in the outpost offices than at the Regional Office, and asked what was being done to dispel it.

Representatives of Kazakhstan and the Russian Federation expressed their satisfaction and pride at hosting GDOs. The work of both of the offices was inextricably linked to the attainment of the health-related SDGs. The Russian Federation had extended and strengthened its support for the GDO. Almaty had played a central role in the history of global health, which remained an investment priority for the Government of Kazakhstan. The Seventy-second World Health Assembly, through the adoption of resolution WHA72.2, had requested the Director-General, in consultation with Member States, to develop an operational framework for primary health care. Cognizant of the importance of data and evidence in the development and implementation of such frameworks, the Government of Kazakhstan was consulting with the Director-General on the possibility of making the GDO a global centre for primary health care to support countries worldwide.

Spain called the attention of the delegations to the note at the beginning of document EUR/RC69/Inf.Doc./7 Rev.2 and to paragraph 13 of document EUR/RC69/16 Rev.2, which state that "the GDOs are as follows: the WHO European Centre for Environment and Health, Bonn, Germany; the WHO European Office for Investment for Health and Development, Venice, Italy; the WHO European Centre for Primary Health Care, Almaty, Kazakhstan; the WHO European Office for the Prevention and Control of Noncommunicable Diseases, Moscow, Russian Federation". Spain further highlighted the fact that the Barcelona Office has a different status, not because it is subject to "different legal arrangements", but because there is no host agreement concluded with the host State.

The Regional Director thanked the host countries for their generous support and welcomed the positive feedback from Member States on their cooperation with the outpost offices. There

was no intention to establish any new GDOs; work was ongoing to finalize the host agreement for the GDO to be set up in Turkey, as already agreed by the Regional Committee. The establishment of any further GDOs would only take place through the governing bodies. There was no less job security in the outpost offices than in the Regional Office in Copenhagen.

The Regional Committee adopted resolution EUR/RC69/R7.

Accelerating primary health care in the WHO European Region: organizational and technological innovation in the context of the Declaration of Astana

(EUR/RC69/13 Rev.1, EUR/RC69/13 Rev.1 Add.1, EUR/RC69/Conf.Doc./9 Rev.1)

A short video was shown, as part of the “Voices of the Region” series, in which a woman from Kazakhstan described setting up a palliative care centre for children with cancer as a “hospice for life”.

The acting Director, Health Systems and Public Health, said that all Member States in the European Region had been working to advance the implementation of primary health care. Nonetheless, current health and health system challenges required continued policy efforts to ensure system alignment, so as to enable expansion of the coverage of quality services and financial protection. In 2018, WHO Member States had renewed their commitment to strengthening primary health care with the endorsement of the Declaration of Astana. That commitment needed to be transformed into visible action and tangible changes. The Director-General had therefore been requested to develop an operational framework in time for consideration by the Seventy-third World Health Assembly in 2020. The report put forward 10 evidence-based “policy accelerators” that built on the European Framework for Action on Integrated Health Services Delivery, endorsed by the Regional Committee in 2016, and were accompanied by “digital pointers”, which briefly described the relevant information technology solutions.

The acting Head, WHO European Centre for Primary Health Care, Almaty, Kazakhstan, noted that there had been an enduring call for primary health care since the international conference 40 years earlier, a call that had recently been reinforced by the burden of NCDs. The Declaration of Astana committed countries to making bold policy choices across all sectors, to building sustainable primary health care, to empowering individuals and communities and to aligning stakeholders in support of national policies, strategies and plans. The evidence underpinning the policy accelerators (or “policy levers”, as they were referred to in the draft operational framework for primary health care as presented to the Global Conference on Primary Health Care) came from a variety of country studies, research findings, journal articles, case studies, and country and expert experiences. The policy accelerators were intended to provide guidance to countries that wanted to scale up primary health care and improve the performance of their health systems as an essential step towards universal health coverage. Many of the accelerators therefore focused on health system components, such as alignment of accountability, incentives, integration of health and social care, and making health care accessible throughout the life course. The draft resolution submitted for the Committee’s consideration committed Member States to placing people at the centre of the health system, prioritizing a primary health care approach, measuring and monitoring capacity, performance and impact, and advancing the 10 evidence-based, high-

impact policy actions. For its part, the Regional Office would provide health intelligence, knowledge sharing and learning, partnerships and technical support in countries.

Representatives welcomed the Regional Office's involvement in the area of work under consideration and supported the draft resolution, noting that the three areas of prevention, protection and promotion of well-being were well supported by the "fourth p" – primary health care. They commended the set of policy accelerators, and especially the digital pointers, and emphasized the links between the policy accelerators and financial protection, equality of access to health care and sustainability of health systems. Many people still had to make out-of-pocket payments for the health services they required. Those with chronic diseases were particularly likely to face financial burdens in accessing care. Payments for medicines were currently the main cause of financial hardship. Extending health coverage required strong political commitment to investing in primary health care. As noted at the regional high-level conference Accelerating Progress towards Healthy and Prosperous Lives for All in the WHO European Region (Ljubljana, Slovenia, 11–13 June 2019), investing in health contributed to increased gross domestic product and development at all levels. While the health sector was convinced of that argument, perhaps finance ministers were not. It was therefore important to bring the issue to the attention of bodies such as the OECD, or the Group of Twenty major world economies. One representative noted that primary health care had been placed on the agenda of the Group of Seven industrialized countries during her country's presidency of that body. Another emphasized the need for intersectoral action in tackling risk factors at the individual and population levels.

A number of speakers reported that their countries had recently implemented strategic frameworks or new policy interventions, increased funding and introduced targeted financial incentives to expand coverage in underserved areas, set up a national e-health infrastructure with unified medical records, launched performance indicators or promoted research into primary health care. Emphasis was placed on the need for the commitment of all stakeholders; an adequate budget; incentivized payments and capitation, with no parallel payments; a clear set of indicators (notably related to hypertension, diabetes and cancer screening); and education and training, particularly at postgraduate level. To respond to increases in life expectancy and the prevalence of chronic diseases, primary health care must be reinforced, changes should be made to the structure and organization of health systems, and closer coordination should be ensured between health and social services.

The representative of one country, speaking on behalf of the nine SEEHN Member States, noted that universal health coverage was one of the priorities in the subregional cooperation strategy for 2018–2023, and primary health care was one of the key drivers in that pursuit. The first expert meeting on the value of primary health care system strengthening in the south-eastern European region had been held in Ljubljana, Slovenia, in October 2018. With the support of the WHO European Centre for Primary Health Care in Almaty, Kazakhstan, data collection was under way for a study on primary health care in the subregion.

Statements were made by representatives of:

- Association for Medical Education in Europe, speaking also on behalf of the European Medical Students Association;
- European Federation of the Association of Dietitians;

- International Council of Nurses, speaking also on behalf of the European Forum of Nurses and Midwives Associations and the European Nursing Students Association;
- International Federation of Medical Students Associations;
- IOM;
- International Pharmaceutical Students' Federation;
- International Society of Physical and Rehabilitation Medicine, speaking also on behalf of the Centre for Regional Policy Research and Cooperation "Studiorum", the Council of Occupational Therapists for the European Countries, the European Federation of the Association of Dietitians, the European Forum for Primary Care, the European Public Health Association, the International Alliance of Patients' Organizations, the World Confederation for Physical Therapy, the World Federation of Occupational Therapists, and the Worldwide Hospice Palliative Care Alliance; and
- Medicus Mundi International, speaking also on behalf of the People's Health Movement.

The Regional Committee adopted resolution EUR/RC69/R8.

Health literacy in the WHO European Region

(EUR/RC69/14 Rev.1, EUR/RC69/14 Rev.1 Add.1, EUR/RC69/Conf.Doc./12 Rev.1)

A short video was shown as part of the "Voices of the Region" series, which related the story of an assistant nurse and social worker of Afghan origin in Sweden who was teaching recently arrived migrants to navigate the health care system, interact with health professionals and learn to make informed health care choices.

The Director, Noncommunicable Diseases and Promoting Health through the Life-course, said that health literacy could be instrumental in improving health outcomes. According to a survey conducted in 2011, nearly half of all adults in eight European countries had inadequate health literacy skills. In recognition of its potential for supporting the achievement of health targets, WHO, the United Nations and other international bodies were currently pushing to put health literacy on the global agenda.

Health literacy was an evolving concept. It empowered people to interact with health providers, navigate health care systems, access health information and understand public health messages. It was considered a determinant of health, a precondition for better health, a key pillar in health promotion, an enabler of public health strategies, a public health goal, and a foundation for building people's individual and collective capacity to make informed health choices. Organizational health literacy – or health literacy responsiveness – described how health services, providers and systems tailored health information to the capacity of target populations.

The European Region had long been at the forefront of health literacy promotion, and the draft roadmap, which had been prepared in consultation with Member States and experts, was intended as a comprehensive framework for pooling existing strategies, actions, networks and best practices. It set out to empower governments, communities, organizations and people for better health outcomes throughout the life course, using synergies and offering practical

guidance. The Regional Office had launched a website, published a special edition of *Public Health Panorama* and issued two Health Evidence Network reports on health literacy.

In the ensuing discussion, representatives welcomed the proposed roadmap as a useful tool to unify and consolidate existing initiatives, build a common policy for the Region and synchronize Member States' efforts to improve the health and well-being of their populations. The participatory approach to developing the roadmap was commended. Acknowledging the value of health literacy for greater equity, representatives suggested that health literacy initiatives could be implemented in tandem with measures to combat social exclusion, inequality, stigma and gender stereotyping. A particular focus on vulnerable population groups was recommended.

Representatives agreed that health literacy was a prerequisite for the achievement of health goals, such as NCD prevention and control and healthy lifestyle choices. It could also make health care systems more effective. Health literacy was influenced by socioeconomic development and the availability of new technologies. Digital tools were gradually replacing traditional approaches. Although representatives recognized its benefits, there was some concern that digitalization might create a digital divide in health care and further deepen inequalities. Identifying reliable sources of information was potentially more difficult in digital environments. Ensuring that digital health information was reliable, easy to understand, adapted to target audiences and communicated appropriately was therefore particularly important and there was a strong request for digital health literacy to be part of the new action plan that was to be developed.

Several representatives described the measures taken in their countries to improve population and organization health literacy, including: the introduction of a tool to grant patients online access to their personal health information; the establishment of digital health information portals; information campaigns to boost knowledge of NCD risk factors, the need for vaccination and for all areas of the health sector; the involvement of health insurance providers in health literacy promotion; the establishment of health literacy units within health ministries; the preparation of a handbook to enhance communication skills among health professionals; the establishment of a 24-hour health information hotline; and the creation of a health literacy institute.

Regular monitoring and evaluation of population and organization health literacy was crucial. Several Member States reported having participated in regional health literacy mapping exercises or having conducted their own national surveys. Attention was drawn to the importance of global comparable data for the development of evidence-based interventions aimed at increasing health literacy. Representatives noted the value of networks and platforms for cooperation and intersectoral approaches.

Statements were made by EuroHealthNet, the European Federation of Nurses Associations and the International Pharmaceutical Students Federation.

The representative of Finland, speaking on behalf the EU and its Member States, proposed that the final clause of the seventh preambular paragraph of the draft resolution contained in document EUR/RC69/Conf.Doc./12 Rev.1 be amended to read: “, and requires the creation of healthy environments and choices to enable health conducive lifestyles”. He also proposed that the phrase “such as the WHO Action Network on Measuring Population and Organizational Health Literacy and the WHO European Action Network on health literacy for prevention and control of NCDs” be added at the end of subparagraph 1(f).

The Regional Committee adopted resolution EUR/RC69/R9.

Accreditation of regional non-State actors to the WHO Regional Committee for Europe

(EUR/RC69/10, EUR/RC69/Conf.Doc./6)

The Regional Committee approved the list of seven regional non-State actors which had applied for accreditation to attend its meetings, in accordance with the procedure it had agreed at its 68th session.

The Regional Committee adopted decision EUR/RC69(2).

Progress reports

Communicable diseases

(EUR/RC69/8(A), EUR/RC69/8(B))

The acting Director, Communicable Diseases, presented the progress reports on HIV and viral hepatitis in the European Region, which showed that progress had been made towards meeting the 90-90-90 targets for HIV and that services were being scaled up to prevent and treat viral hepatitis. He highlighted the importance of closing the gaps in prevention, de-stigmatization and providing services for all, with particular attention to key populations. He also clarified that in the progress report, paragraph 12 should read as follows: “Eighty-two per cent of the total estimated number of people living with HIV in the Region have been diagnosed; of the estimated number of people living with HIV only 54% are on antiretroviral therapy; and of the estimated number of people living with HIV, 43% are reported to be virally suppressed”. In order to discuss the challenges and way forward, in collaboration with the Government of the Netherlands and UNAIDS, the Regional Office had held a ministerial policy dialogue meeting back-to-back with the 22nd International AIDS Conference in Amsterdam, Netherlands, in July 2018, where a compendium of good practices had been launched. Based on the conclusions of the meeting, roadmaps for actions to close the gaps had been drawn up for the participating Member States. Collection of good practices on viral hepatitis was still ongoing; an online repository would be set up to facilitate exchange of good practices for integrated care.

A treatment reference group had been established for HIV, the European Laboratory Initiative on TB had expanded to cover HIV and viral hepatitis to support Member States to scale up effective and efficient testing, and a Regional Validation Committee for the elimination of mother-to-child transmission had been established. A collaborating committee had also been set up with non-State actors and other partners. A regional consultation on viral hepatitis had been held in Tbilisi, Georgia, which had provided a platform for exchanges of information and consideration of how to improve the monitoring framework. Moving forward, preventive measures for key populations needed to be a priority, including pre-exposure prophylaxis for at-risk groups. Testing for HIV and viral hepatitis should be decentralized and simplified, and treatment regimens must be optimized, with the scaling-up of early treatment and full care under universal health coverage and through the sustainable development approach.

In the discussion that followed, representatives of Member States, while welcoming the progress made, noted that HIV persisted as a major public health threat in the European Region. The 90-90-90 targets could only be met with strong political determination, close cooperation with civil society and a whole-of-government and whole-of-society approach. They expressed commitment and determination in that regard and gave examples of measures being taken at the national level. There was a strong focus on prevention, through efforts to increase health literacy, provide sexuality education, and implement harm reduction measures. Good progress had been made in respect of the elimination of mother-to-child transmission. HIV self-tests could be purchased in pharmacies in some countries, yet late diagnosis rates remained alarming throughout the Region. Rates of coinfection, in particular with TB and viral hepatitis, remained high. Vaccination programmes should be ramped up for viral hepatitis B. More also needed to be done to address the stigma and social exclusion associated with living with HIV.

Representatives of UNDP and IOM described the efforts being made by their organizations to support Member States in their fight against HIV/AIDS. While UNDP focused on multisectoral country support, promoting access to essential HIV services, access to justice and legal protection for people living with HIV, and encouraging procurement of medical supplies, IOM worked to promote health programmes that were beneficial and accessible for the mobile population. HIV affected vulnerable groups disproportionately; HIV infection rates and migration rates were both on the rise in the European Region. Essential HIV services must be available to all. A representative of UNAIDS, while noting the progress made, added that the evidence presented in the progress report showed that the European Region was not on track to end AIDS, yet there was still time to change course by 2020.

A representative of the Northern Dimension Partnership in Public Health and Social Well-being described the work of the Partnership's Expert Group on HIV/AIDS and said that well-linked, integrated and people-centred service delivery, particularly for vulnerable groups, was the key to tackling the growing transmission of HIV, TB and viral hepatitis in the Northern Dimension area.

The acting Director, Communicable Diseases, thanked Member States and partners, particularly United Nations agencies and the European Centre for Disease Prevention and Control, for their efforts and assured them of the Regional Office's support.

Statements were made by representatives of AIDS Healthcare Foundation Europe, the World Federation of Occupational Therapists, and the World Organization of Family Doctors.

Corporate services and enabling functions

(EUR/RC69/8(C))

The Director, Administration and Finance, presented the progress report on compliance and risk management. The approach to risk management across WHO was dynamic. The Regional Office was progressing well in that regard; the risk register was up to date and mitigation measures were on track. Business continuity was being streamlined in all budget centres, which were being equipped with up-to-date business continuity plans. While the risk register looked at the Office from the outside in, internal controls were also assessed. A self-assessment checklist had been in use since the last biennium. Comparison of self-assessment results showed an increase in understanding of the situation and the improvements required. Internal accountability and audits showed an overall effectiveness of risk management; in

2018, two internal audits and one external audit had been conducted, and recommendations issued for further improvements. The Regional Office would continue to report annually to the Regional Committee and the SCRC.

Cross-cutting areas

Sexual and reproductive health

(EUR/RC69/8(D))

The Programme Manager, Sexual and Reproductive Health, presented the progress report on implementation of the Action Plan for Sexual and Reproductive Health, which contained an analysis of Member States' responses to the Global Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey of 2018. Only a decade previously, sexuality education had been a taboo in many countries; progress in the WHO European Region since then had been exemplary. Yet more needed to be done to increase uptake of policies and build the capacity of sexuality educators for comprehensive school-based sexuality education. Access to high-quality care prior to and during childbirth was essential. Free antenatal care and childbirth was provided in most of the Region, which demonstrated commitment to maternal and newborn health. That notwithstanding, preventable deaths occurred owing to gaps in the quality of care. Pre-conception care required particular attention. Obstacles to adolescents' sexual and reproductive health included the requirement for parental consent for adolescents to obtain contraception and access to other sexual and reproductive health care, as well as the lack of availability of sexual and reproductive health services, and financial barriers. The progress report described the technical support provided to Member States through the organization of regional and country-level policy dialogues, theme-specific technical meetings and assessments of countries' progress in sexual and reproductive health in the context of universal health coverage to accelerate implementation of the Action Plan. Despite the progress made, sexual and reproductive health remained an unfinished agenda, with much to be done before 2023, the end date of the Action Plan. The Regional Office would continue to advocate for prioritizing sexual and reproductive health for all at the regional and national levels.

In the ensuing discussion, one representative recalled that her government had submitted reservations and explanatory comments on several aspects of the Action Plan and noted that no recommendations or provisions should create an obligation to ignore the parental or legal guardians' consent requirement for children's and adolescents' health. Further information on the European Region's role in the global platform on essential policies on sexual, reproductive, maternal, newborn, child and adolescent health, as well as the evidence on country measures in implementation of evidence-based clinical guidelines on fertility control, including natural methods, would be welcome. Other representatives recalled that consensus had been reached on the Action Plan, which should not be undermined. Sexual and reproductive health were fundamental to women's health and a gender-equal society. They described the measures taken at the national level to promote sexual and reproductive health, such as the adoption of national strategies and plans in line with the SDGs, and efforts to coordinate sexual health activities with those on the prevention of gender-based violence. One representative expressed disappointment at the low number of responses to the Global Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey. She asked whether the Regional Office applied the definition of sexual and reproductive health and rights as used by the Guttmacher-*Lancet* Commission. Another asked what measures would be taken to involve young people in the Regional Office's work on issues that affected them, such as sexual and reproductive health, and to support, with

evidence-informed action, best policy and practice in the context of delivering integrated people-centred universal health care.

A representative of UNFPA acknowledged the progress made in the Region and encouraged all Member States to update their sexual and reproductive health action plans.

Sustainable development and health

(EUR/RC69/8(E))

The Coordinator, Sustainable Development and Health, presented the progress report on the roadmap to implement the 2030 Agenda for Sustainable Development. Although rapid advances were being made towards meeting several of the health-related SDG targets, such as on child and maternal health, progress in certain areas, such as risk factors for NCDs, and road safety, remained slow. Figures on violence against children and air pollution-related mortality were similarly worrying. Voluntary national reviews had shown that governments were prioritizing SDG attainment, with SDG focal points having been appointed in many health ministries in the Region. Health, however, tended to be considered in silo; greater coherence was required in including health in national development plans, which should consider aspects such as universal health coverage, but also the social, economic and environmental determinants of health, by highlighting the co-benefits of taking action in other sectors for health. Analysis of the results of voluntary national reviews had identified commitment to leaving no one behind, but without concrete interventions. Greater efforts were needed to secure financing for sustainable development from national budgets.

The Regional Office was advancing the roadmap through partnerships, such as through the Small Countries Initiative, Healthy Cities and SEEHN, in-country work prioritizing universal health coverage and health determinants, and joint efforts across United Nations agencies, through the United Nations Issue-based Coalition on Health and Well-being. A package of technical resources had been developed and work was being done to bring focal points together to build capacity and embrace the principles of inclusion and sustainability.

In the ensuing discussion, one representative asked for action to be taken by WHO to engage youth.

Regarding both cross-cutting areas, statements were made by representatives of:

- International Society of Physical and Rehabilitation Medicine (speaking also on behalf of the Centre for Regional Policy Research and Cooperation “Studiorum”, the International Alliance of Patients’ Organizations, World Federation of Occupational Therapists and Medical Women’s International Association);
- World Stroke Organization (speaking also on behalf of the European Alcohol Policy Alliance and the International Association for Hospice and Palliative Care);
- International Alliance of Patients’ Organizations;
- World Federation of Societies of Anaesthesiologists;
- IOGT International;
- International Federation of Medical Students’ Associations;
- World Federation of Neurology; and
- AGE Platform Europe.

Written statements were submitted by the European Alcohol Alliance (also on behalf of the Council of Occupational Therapists for the European Countries, the European Federation of the Associations of Dietitians, the Emergency Medical Services Authority, the European Public Health Alliance, the Norwegian Cancer Society and the World Federation of Occupational Therapists), and by the World Hepatitis Alliance.

The Programme Manager, Sexual and Reproductive Health, thanked participants for their expressions of commitment. Seventy-three per cent of Member States had responded to the survey; more responses would, of course, be welcome. The Regional Office did, indeed, use the Guttmacher-Lancet Commission definition. Youth organization representation was ensured through their participation in the regional meeting on sexual and reproductive health and rights. Several countries with recent examples of youth engagement were in the process of developing national sexual and reproductive health strategies.

The Coordinator, Sustainable Development and Health, said that efforts were being made to work with youth associations and to invite youth representatives to participate in panel discussions. Better engagement was fundamental. Consideration was being given as to how to optimize youth participation in major meetings, such as engagement in the health equity conference and the forthcoming United Nations General Assembly high-level meeting on universal health coverage.

Elections and nominations

(EUR/RC69/7, EUR/RC69/Conf.Doc./7, EUR/RC69/Conf.Doc./8, EUR/RC69/Inf.Doc./10)

The Regional Committee met in private to nominate one candidate for the post of Regional Director for Europe and two candidates for membership of the Executive Board, as well as to select four members of the SCRC.

Nomination of the Regional Director

By resolution EUR/RC69/R3, the Regional Committee requested the Director-General to propose to the Executive Board the appointment of Dr Hans Kluge as Regional Director for Europe for a period of five years from 1 February 2020. The Regional Committee also adopted resolution EUR/RC69/R4, expressing its profound gratitude to Dr Zsuzsanna Jakab for her deep commitment and outstanding services to international public health and development during her long career in WHO, and in particular as Regional Director for Europe, and declaring her Regional Director Emeritus.

The nominee Regional Director paid tribute to the enthusiastic and unwavering support for his campaign received from the Belgian Minister of Asylum, Migration, Health and Social Affairs and her staff, the Federal Public Health Service and the National Institute for Health and Disability Insurance, as well as the Deputy Prime Minister and Minister of Foreign and European Affairs and of Defence and his country's ambassadors and health attachés. He had also been supported by an excellent team of advisers. He had viewed the other candidates as competitors, not opponents, and saw no reason not to cooperate productively with them in the future. He had been overwhelmed by the hospitality extended to him by the 53 Member States in the Region, and their ambassadors had emphasized that health was high on the political agenda because people wanted it to be a priority.

He felt a great responsibility to fulfil the commitments that he had made during his campaign. The message he had received from high-level officials in the Member States was that they would like to see an agile WHO in Europe, providing a compass for better health in the Region and offering a pragmatic toolbox for accelerating achievement of the SDGs, while taking into account global health and the regional and country-specific contexts, as well as subregional groupings. The Regional Office should “walk the talk”, not least on economies of scale, fewer costly high-level meetings and a cost-effective administration. Ministers of foreign affairs had advised him to leave the politics to WHO headquarters, and to strengthen the Regional Office as a centre of excellence that would give practical help to countries on specific issues, in a spirit of “less is more”.

He considered partnership to be an ethical duty, not a matter of goodwill. WHO’s partners had endorsed his approach that was based on determination and modesty, with the aim of increasing impact and decreasing the burden at country level. He was proud that the first meeting in his campaign had been with the President of the Staff Association of the European Region of the World Health Organization, and he pledged that he would “do nothing for the staff without the staff”, based on the WHO Values Charter. The road ahead was long, the mountains were steep, the instruments were few, but the solidarity was great.

The Regional Director congratulated Dr Kluge on his nomination, acknowledging that he was a “doer” who had not only the vision but the strength to implement it, and thanked all the other candidates for their great work and dedication.

She greatly appreciated the support she had received from the Regional Committee during the previous 10 years and announced that she wished to move full-time into her function as Deputy Director-General from 1 October 2019, devoting herself wholly to implementation of GPW 13 and the transformation agenda. With the strong executive management team at the Regional Office, consisting of the acting Regional Director and directors, she was sure that the following four months would go smoothly.

The Director-General also congratulated Dr Kluge and looked forward to working with him for a healthier, better and fairer Europe. He said that he was sure that Dr Kluge would deliver not only for the Region but also, as part of the Global Policy Group, for the world as a whole. He appreciated the contribution made by the other candidates and thanked the Regional Director for the outstanding job she had done. He said that he would hold discussions with the Regional Director and Dr Kluge to ensure as smooth a transition as possible.

The Director-General indicated that Dr Östlin had been appointed acting Regional Director from March to the end of October and, expressing his appreciation for the manner in which she had carried out that role, announced that she would be appointed Regional Director ad interim from the end of October until Dr Kluge took office in February 2020.

The representatives of Turkey, Finland speaking on behalf of the EU and its Member States, Monaco, Hungary, Sweden, Switzerland, Israel, Georgia, Austria and the European Public Health Association, speaking on behalf of non-State actors, all paid tribute to the considerable achievements of the Regional Director during her 10-year term of office. Basing her work on the values of equity in health and well-being and the life-course approach, she had focused firmly on public health, strengthening health systems, partnerships, access to information and data, and improving the governance of the Regional Office. Health 2020, the European policy for health and well-being, could be regarded as an early version of the health-related SDGs and GPW 13, and it had helped to give public health its current visibility and weight at the

global level. Over the previous decade, the Regional Office under her leadership had driven health improvements across the Region, with a clear impact on the discourse of global health, while skilfully tailoring its interaction with countries according to their needs.

Speakers acknowledged that all candidates for the post of Regional Director deserved appreciation for their interest in supporting and serving WHO. The competition had indeed been a fair and respectful one. They heartily congratulated Dr Kluge on his nomination and assured him of their full support and commitment.

Executive Board

The Regional Committee decided that the Russian Federation and the United Kingdom would put forward their candidatures to the World Health Assembly in May 2020 for subsequent election to the Executive Board.

Standing Committee of the Regional Committee

The Regional Committee selected Armenia, Belgium, Bulgaria and Switzerland for membership of the SCRC for a three-year term of office from September 2019 to September 2022.

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

(EUR/RC69/Conf.Doc./3)

The Regional Committee adopted resolution EUR/RC69/R10, by which it reconfirmed that its 70th session would be held in Tel Aviv, Israel, from 14 to 17 September 2020, and decided that its 71st session would be held in Copenhagen, Denmark, from 13 to 16 September 2021, and that its 72nd session would be held from 12 to 15 September 2022 at a location to be decided.

The representative of Israel said that her Government looked forward to welcoming the Regional Committee in 2020. A video showcasing the country's attractions was shown.

Closure of the session

The representative of one Member State, speaking on behalf of all those present, said that the session had been a wonderful exercise in stocktaking and evaluation and that it had been an expression of commitment to improving and strengthening performance, as well as a new beginning imbued with a spirit of consensus. The Regional Committee had a clear understanding of the importance of multilateral work and of universal health coverage as one of the fundamental human rights. The members of the Regional Committee were grateful to the Regional Director for all that she had achieved over the previous 10 years. She combined all the virtues of a strong leader. He warmly welcomed the nominee Regional Director and urged him to ask himself each day what added value his work brought to all the citizens of the European Region. He expressed his gratitude to the Government of Denmark, the dedicated staff at the Regional Office and the interpreters.

The Executive President paid tribute to the friendly and positive approach adopted by all participants, the guidance and support given by the SCRC and the officers of the session, and the excellent spirit of collaboration shown by all the Organization's partners in working together for the benefit of the health and well-being of the population of Europe.

Resolutions

EUR/RC69/R1. Report of the Regional Director on the work of WHO in the European Region in 2018–2019

The Regional Committee,

Having reviewed the Regional Director's report on the work of WHO in the European Region in 2018–2019¹ and the overview of implementation of the 2018–2019 programme budget;²

1. THANKS the Regional Director for these reports;
2. EXPRESSES its appreciation for the work done by the Regional Office in the 2018–2019 biennium;
3. REQUESTS the Regional Director to take into account and reflect the suggestions made during the discussions at the 69th session of the Regional Committee when developing the Organization's programmes and carrying out the work of the Regional Office.

¹ Document EUR/RC69/5.

² Document EUR/RC69/19.

EUR/RC69/R2. Report of the Twenty-sixth Standing Committee of the Regional Committee for Europe

The Regional Committee,

Having reviewed the report of the Twenty-sixth Standing Committee of the Regional Committee for Europe;¹

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 69th 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 69th session, as recorded in the report of the session.

¹ Documents EUR/RC69/4 and EUR/RC69/4 Add.1.

EUR/RC69/R3. Nomination of the Regional Director

The Regional Committee,

Considering Article 52 of the Constitution of WHO; and

In accordance with Rule 47 of its Rules of Procedure;

1. NOMINATES Dr Hans Kluge as Regional Director for Europe; and
2. REQUESTS the Director-General to propose to the Executive Board the appointment of Dr Hans Kluge from 1 February 2020.

EUR/RC69/R4. Expression of appreciation to Dr Zsuzsanna Jakab

The Regional Committee,

Expressing its profound gratitude to Dr Zsuzsanna Jakab for her deep commitment and outstanding services to international public health and development during her long career in WHO, and in particular as Regional Director for Europe;

Believing that when she ceases her duties on 31 January 2020, her contribution to improving the health of people throughout the European Region deserves appreciation on the part of WHO;

1. EXPRESSES its sincere thanks to Dr Jakab for all she has done to advance the work of WHO;
2. DECLARES Dr Zsuzsanna Jakab Regional Director Emeritus of the World Health Organization.

EUR/RC69/R5. Accelerating progress towards healthy, prosperous lives for all, increasing equity in health and leaving no one behind in the WHO European Region

The Regional Committee,

Reaffirming the commitment made in resolution EUR/RC62/R4 to reducing and eradicating health inequities as a necessary contribution to inclusive growth and sustainable development, in line with Health 2020, the European policy framework for health and well-being, the 2030 Agenda for Sustainable Development,¹ the Sustainable Development Goals, WHO's Thirteenth General Programme of Work, 2019–2023, and the principle of universal health coverage;

Recalling other global and regional United Nations and WHO declarations, resolutions, programmes and strategies that establish or emphasize the commitment to tackling the

¹ Adopted in United Nations General Assembly resolution 70/1.

determinants of health and health inequities and underscore the principles of health equity over the life course;²

Recognizing that inequities in health are among the consequences of unevenly distributed social, economic, environmental and commercial determinants of health that together with gender norms and stereotypes prevent people from achieving their health potential;

Recognizing that a reduction in health inequities is only achievable through whole-of-government and whole-of-society approaches, as well as through health-in-all-policies, equity-based and life-course approaches;

Affirming that stronger partnerships and alliances are needed to bring the social values of solidarity, equity, social justice, inclusion and gender equality into mainstream fiscal and growth policies, so that no one is left behind due to poor health;

Recognizing that no single intervention or policy will eliminate health inequities and that comprehensive universal and targeted policies are needed;

Noting the findings and recommendations of the WHO European Health Equity Status Report Initiative (HESRI), which inform progress towards health equity through creating the conditions that are essential for a healthy, prosperous life³ in Europe;

Taking note of the regional high-level conference on accelerating progress for equity in health, held in Ljubljana, Slovenia, on 11–13 June 2019, that focused on the solutions and partnerships required to advance equity in health within and between countries;

Acknowledging the imperative to accelerate progress for healthy, prosperous lives for all in the WHO European Region;

² The Declaration of Alma-Ata on primary health care (1978); the Convention on the Rights of the Child (1989); the Rio Political Declaration on Social Determinants of Health (2011); the European Declaration and Action Plan on the Health of Children and Young People with Intellectual Disabilities and their Families (2011); the global strategy and action plan on ageing and health 2016–2020; the Minsk Declaration on the Life-course Approach in the Context of Health 2020 (2015); the Paris Declaration on partnerships for the health and well-being of our young and future generations (2016); the European Mental Health Action Plan 2013–2020; the European Food and Nutrition Action Plan 2015–2020; the global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children (2016); the WHO global disability action plan 2014–2021; the Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind (2016); the Ostrava Declaration (2017); and resolution WHA70.15 on promoting the health of refugees and migrants (2017).

³ The essential conditions identified through the HESRI are: (a) health services; (b) income security and social protection; (c) decent living conditions; (d) social and human capital; and (e) decent work and employment conditions.

1. URGES Member States:⁴
 - (a) to work towards placing health equity at the centre of government decision-making, investment and implementation of policies and programmes within health as well as in other sectors, through adopting whole-of-government and whole-of-society approaches and participation;
 - (b) to scale up efforts to promote the engagement of relevant government sectors and stakeholders in developing solutions to accelerate the closing of gaps in health and well-being between social groups and geographical areas within and across European countries;
 - (c) to perform, across all government sectors, impact assessments of policies that determine the essential conditions needed to live a healthy life;
 - (d) to implement approaches which are empowering, inclusive and participative, provide opportunities for healthy life choices, and ensure that the representation and participation of those left behind is reflected in decision-making for health and well-being;
 - (e) to review the impact of the health sector on the development of and response to health inequities and, as appropriate, take necessary action;
 - (f) to advocate for a reduction in exposure to, and the consequences of, physical and psychological threats to health and well-being that stem from adverse living conditions, by creating healthy places to live, decent housing, and secure neighbourhoods where all people feel safe and have a sense of hope and belonging in their communities and shared spaces;
2. CALLS ON key national policy sectors, and regional and local governments dealing with economic, labour, education, housing, communities and gender equity issues, as well as intergovernmental organizations and national and international nongovernmental organizations, including civil society and professional associations from within the health sector and beyond, to engage in and support the implementation of this resolution;
3. REQUESTS the Regional Director:
 - (a) to support Member States in placing health equity at the centre of sustainable development and inclusive economies, taking into account their different capacities and levels of national development;
 - (b) to take the lead in exploring ways of bringing together policy-makers from other sectors responsible for the determinants of health, including education, housing, employment, the environment and poverty reduction, in order to develop a systematic approach to taking action;
 - (c) to provide Member States with guidance on policy options for universal and targeted policies both within the health sector and intersectorally, to be considered through whole-of-government approaches; and with the evidence and tools needed to make both a public health and an economic case for reducing inequities in health and creating conditions that are conducive to living a healthy, prosperous life;

⁴ And regional economic integration organizations, as appropriate.

- (d) to launch a WHO European regional health equity solutions platform as a mechanism for policy-makers to exchange best practices and share innovations and sustainable solutions that accelerate progress towards equity in health and well-being, both nationally and at the subnational levels of regions and cities;⁵ and
- (e) to establish, for three years, a multidisciplinary health equity alliance of scientific experts and institutions to facilitate the implementation of this resolution by generating cutting-edge evidence and methods that enable ministries of various sectors and governments to make the case for, prioritize and scale up innovations (scientific, technological, social, business or financial) in order to: increase equity in health; and ensure that the social values of solidarity, equity, well-being, inclusion and gender equality are considered and included in growth and development policies;

4. REQUESTS the Regional Office to monitor and, without imposing any additional reporting burden on Member States, report on the implementation of this resolution to the Regional Committee at its 73rd session in 2023.

⁵ The WHO European regional health equity solutions platform will be a dedicated mechanism for countries and partner organizations to generate and implement solutions to key health equity challenges. It will establish live policy innovation sites and synthesize the best evidence and approaches that can be scaled up across the Region to accelerate progress in reducing health gaps.

EUR/RC69/R6. Lessons learned from the implementation of Health 2020, the European policy framework for health and well-being

The Regional Committee,

Recalling its resolution EUR/RC62/R4 by which it adopted Health 2020, the European policy framework for health and well-being;

Further recalling its resolution EUR/RC63/R3 by which it adopted the core Health 2020 indicators to be used by the WHO Regional Office for Europe to monitor regional progress towards the six adopted goals for Health 2020; resolution EUR/RC67/R3 by which it adopted the roadmap to implement the 2030 Agenda for Sustainable Development; decision EUR/RC68(1) on joint monitoring of the Sustainable Development Goals (SDGs), Health 2020 and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020; resolution EUR/RC68/R3 by which it reaffirmed commitment to health systems strengthening for universal health coverage, better outcomes, and reduced health inequalities; and resolution EUR/RC68/R6 on advancing public health for sustainable development in the WHO European Region;

Mindful of the Thirteenth General Programme of Work, 2019–2023, and WHO's transformation agenda that supports countries in reaching all the health-related SDG targets, and the role of Health 2020 in contributing to their achievement;

Acknowledging existing commitments made through global and regional policies, strategies and plans (as reflected in resolutions and other collective political statements) to address public health challenges at the global, regional and national levels;

Aware of the essential roles and impact of various sectors and all levels of government, and of subnational, national and international, intergovernmental, nongovernmental and governmental organizations and bodies, in efforts to address health, well-being and health equity in the Region;

Noting the findings and recommendations of the studies that have been undertaken to inform Health 2020 implementation, including *Qualitative indicators for monitoring Health 2020 policy targets*, published in 2014, document EUR/RC64/8 (Implementing Health 2020: 2012–2014), the European health reports of 2015 and 2018, and document EUR/RC66/16 (Midterm progress report on Health 2020 implementation 2012–2016);

1. NOTES WITH APPRECIATION the report on lessons learned from the implementation of Health 2020 (document EUR/RC69/15);
2. ACKNOWLEDGES the value of Health 2020, which:
 - (a) provides evidence-based guidance on preparing and updating national health policies, and on addressing the key public health challenges and opportunities to promote health and well-being in the Region;
 - (b) reflects the complex nature of health determinants and the leadership necessary to address these determinants;
 - (c) promotes whole-of-government approaches to health and supports Member States in moving towards universal health coverage; and
 - (d) promotes the mainstreaming of health across the economic, environmental and social domains in countries, along with policy integration across these domains, a universal rights-based approach, markets that work for society and the environment, and empowered participation;
3. ACKNOWLEDGES the efforts of the Regional Director in relation to Health 2020 implementation, and the achievement of the high-level aspirations across the Region, consistent with the values, goals, and objectives of Health 2020, including through:
 - (a) inspiring, strong leadership to achieve transformation;
 - (b) strengthening the role and participation of the Regional Office in coordinating the Issue-based Coalition on Health and Well-being;
 - (c) advancing implementation of the SDGs in European Member States in line with the roadmap to implement the 2030 Agenda for Sustainable Development;
 - (d) addressing public health issues in the Region, including potentially challenging topics;
 - (e) focusing on country work and the reform of country offices, including strengthening of the capacities of WHO representatives and heads of offices;
 - (f) paying early attention to migrant health, and leading the development of the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region;

- (g) introducing innovative approaches for health systems strengthening;
 - (h) introducing innovative approaches for advancing public health capacities and services;
 - (i) introducing in an early and effective manner the Framework of Engagement with Non-State Actors in the European Region;
 - (j) strengthening control of antimicrobial resistance; and
 - (k) supporting public health networks;
4. URGES Member States:¹
- (a) to continue to strengthen leadership in health policy and practice;
 - (b) to continue to develop, update and align, as appropriate, their policies, strategies and plans towards the implementation of the 2030 Agenda for Sustainable Development, taking full account where relevant of the values and approaches of Health 2020 and the roadmap to implement the 2030 Agenda for Sustainable Development, using integrated systems thinking, and matching ambition and commitments to resources and capacities;
 - (c) to promote policy coherence and sustainability at all levels and across sectors to make a measurable and sustainable impact on health and well-being through policies that are all-inclusive and leave no one behind, underpinned by the coherent development of frameworks relating to management, responsibility, and monitoring and evaluation;
 - (d) to promote transformative policy processes and dialogues to make a measurable policy impact on health and well-being;
 - (e) to propose ethical and evidence-based policy options;
 - (f) to conduct policy reviews and evaluations, as part of responsible decision-making in line with national priorities;
 - (g) to strengthen the implementation of the Joint Monitoring Framework and incorporate, in line with national legislation and circumstances, the global health-related SDG monitoring framework and indicators into national frameworks and data platforms; and
 - (h) to continue building partnerships (while ensuring appropriate management of conflicts of interest), especially through whole-of-government and whole-of-society approaches, and by including nongovernmental organizations and other parts of civil society as well as sectors other than health;
5. REQUESTS the Regional Director:
- (a) to support countries in strengthening leadership for health policy and practice;
 - (b) to support Member States, where appropriate, in developing and updating their health policies in accordance with the values and approaches of Health 2020 and the roadmap to implement the 2030 Agenda for Sustainable Development;
 - (c) to advocate for leadership and political support for the WHO transformation agenda;

¹ And regional economic integration organizations, where applicable.

- (d) to facilitate policy convergence that will underpin the implementation of the global and regional policy frameworks and binding instruments at all levels and across sectors in countries;
- (e) to facilitate the development of tools and methods to advance policy coherence and sustainability at all levels and across sectors, in order to support countries in making a measurable and sustainable impact through policies that are all-inclusive and leave no one behind, underpinned by the coherent development of frameworks relating to management, responsibility, and monitoring and evaluation; and
- (f) to facilitate transformative policy processes and dialogues to support countries in making a measurable policy impact, articulating ethical and evidence-based policy options and conducting policy reviews and evaluations, as part of responsible decision-making.

EUR/RC69/R7. Work of the geographically dispersed offices in the WHO European Region

The Regional Committee,

Recalling the Progress report on the work of the geographically dispersed offices of the WHO Regional Office for Europe (document EUR/RC68/8(K));

Acknowledging the Report on the work of the geographically dispersed offices in the WHO European Region (document EUR/RC69/16 Rev.2);

Taking note of the governance processes in light of the original strategy for geographically dispersed offices (GDOs) contained in document EUR/RC54/9 and recalling resolution EUR/RC54/R6, as further discussed in document EUR/RC62/11, supported by decision EUR/RC62(2);

1. THANKS the host countries of the GDOs for their contributions, both financial and in kind, that ensure the effective functioning of the GDOs and thus the sustainability of the technical work in the European Region;
2. EXPRESSES its appreciation for the regular oversight of GDOs provided by the Standing Committee of the Regional Committee for Europe under the guidance of the Regional Committee;
3. CONCLUDES that the GDOs are operating in line with the endorsed strategy and that they are integrated with the work and the organizational architecture of the Regional Office;
4. ACKNOWLEDGES that the GDOs are fully embedded within the programme budget structure and funding for the European Region;
5. NOTES that the GDOs provide added value to the work of the Regional Office in key technical areas and country support and therefore are vital for the implementation of the work of the Regional Office, in line with Health 2020 and WHO's Thirteenth General Programme of Work, 2019–2023, as well as with World Health Assembly and Regional Committee resolutions relevant to these technical areas;

6. RECOGNIZES the substantial portfolio of work that benefits all European Member States delivered by the GDOs in a fully integrated manner, in line with the mandates provided by the Regional Committee;
7. REQUESTS the Regional Director:
 - (a) to continue to strengthen the existing GDOs; and
 - (b) to report regularly on the functioning and programmatic progress of existing GDOs.

EUR/RC69/R8. Accelerating primary health care strengthening

The Regional Committee,

Recalling the global commitments regarding universal health coverage in United Nations General Assembly resolution 67/81 (2012) on global health and foreign policy, and in General Assembly resolution 70/1 (2015) adopting the Sustainable Development Goals (SDGs);

Recalling the International Conference on Primary Health Care held in Alma-Ata and the commitment made there to primary health services as a measure towards health and well-being of populations;

Welcoming the convening of the Global Conference on Primary Health Care: from Alma-Ata Towards Universal Health Coverage and the Sustainable Development Goals (Astana, Kazakhstan, 25–26 October 2018), during which Member States renewed their commitment to strengthening primary health care, taking a whole-of-society approach, as the cornerstone of a sustainable health system that provides universal health coverage and of efforts to achieve the health-related SDGs, in particular target 3.8 (achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all);

Recalling resolution WHA72.2 of the World Health Assembly on primary health care, which welcomed the Astana Declaration and requested the Director-General to develop, in consultation with Member States, an operational framework for primary health care for consideration by the 73rd World Health Assembly;

Reaffirming the Thirteenth General Programme of Work, 2019–2023, in which primary health care is noted as being an essential platform for the pursuit of universal health coverage and the SDGs;

Valuing the long-standing tenets of health systems strengthening in the WHO European Region, as enshrined in numerous commitments over the years, from the Ljubljana Charter in 1996 to the Tallinn Charter in 2008; as embedded and expanded on in Health 2020, the European health policy framework, which includes people-centred health systems as one of its four pillars; and as endorsed in the following Regional Committee resolutions:

- (i) EUR/RC65/R5, on priorities for strengthening people-centred health systems (2015);
- (ii) EUR/RC66/R5, on the European Framework for Action on Integrated Health Services Delivery (2016);
- (iii) EUR/RC67/R5, on a framework for action to achieve a sustainable health workforce in the WHO European Region (2017); and
- (iv) EUR/RC68/R3, which

reaffirmed commitment to health systems strengthening for universal health coverage, better outcomes and reduced health inequalities (2018);

1. EXPRESSES its continued commitment to the values of solidarity, equity and participation, as enshrined in the Tallinn Charter and Health 2020, as the foundations for strengthening health systems based on primary health care and for pursuing universal health coverage, with particular reference to SDG target 3.8 on universal health coverage;

2. URGES Member States:¹

- (a) to prioritize the implementation of a primary health care approach in strengthening their health systems, including universal and targeted health promotion and disease prevention, treatment, rehabilitation and palliative care through the life course;
- (b) to place people at the centre of their health systems by focusing on: (i) identifying health needs and tailoring service delivery interventions to proactively and equitably respond to these needs through the life course; (ii) engaging with and providing appropriate information to and education for their populations and to individuals to ensure that they are able to take control of their own health; and (iii) ensuring continuity of care in health service delivery within and between the different levels of specialization of care, as well as by other providers of care, including social services and the private sector;
- (c) to proactively measure and monitor the impact, performance and capacity of primary health care to meet the health needs of the population, and contribute to the strengthening of health data and information at national and regional levels;
- (d) to advance, as appropriate within national contexts, the implementation of the 10 evidence-based, high-impact actions (policy accelerators) for strengthening primary health care as set out in document EUR/RC69/13 Rev.1;
- (e) to promote, as appropriate within national contexts, the integration of health and social services at community level;
- (f) to ensure that the primary health care workforce has the knowledge, skills, competencies and capacity, and is sufficiently empowered, to take timely and effective actions in order to improve the responsiveness of the health system to the needs of individuals and of the population;
- (g) to take action to empower patients and carers to engage in joint decision-making in treatment- and care-related issues, including through creating favourable conditions, and providing training and assistance;
- (h) to accelerate the uptake, implementation and scale-up of digital innovations;
- (i) to actively participate in the global consultation for the development of the operational framework for primary health care;

¹ And regional economic integration organizations as appropriate.

3. REQUESTS the Regional Director:

- (a) to support Member States, upon request, in improving and strengthening the delivery of comprehensive primary health services in line with national conditions and needs;
- (b) to strengthen the measurement and monitoring of primary health care impact, performance and capacity across countries, signal opportunities to accelerate improvements and identify proven policy options that can be shared among countries;
- (c) to strengthen partnerships and knowledge sharing with the support of WHO collaborating centres and think tanks, universities and academics, and facilitate dialogue between professional associations and patient organizations, governments and other stakeholders;
- (d) to strengthen the capacity of the Regional Office on primary health care, in alignment with the implementation of the Thirteenth General Programme of Work across the Organization;
- (e) to encourage the participation of Member States in the global consultation for the development of the framework for primary care;
- (f) to report on this resolution together with resolution EUR/RC66/R5, to the 70th, 75th and 80th sessions of the Regional Committee.

EUR/RC69/R9. Towards the implementation of health literacy initiatives through the life course

The Regional Committee,

Recalling resolution EUR/RC62/R4 by which it adopted Health 2020, the European policy framework that supports action across government and society for health and well-being, and which includes actions on improving health literacy under priority area 1: Investing in health through a life-course approach and empowering people; as well as resolution EUR/RC67/R3 by which it adopted the roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, which highlights the fact that the broad promotion of health literacy, supported by digital health technology, has the potential to address health and health equity, empower citizens, decision-makers and investors and support the delivery of a range of Sustainable Development Goal targets;

Building on the adoption of the Shanghai Declaration of 2016 on promoting health in the 2030 Agenda for Sustainable Development, which highlights health literacy as one of the key health promotion pillars for achieving the 2030 Agenda for Sustainable Development, recognizes that health literacy is a critical determinant of health and health equity, and calls for focused investment in its development;

Taking into account document EUR/RC65/13, Priorities for health systems strengthening in the WHO European Region 2015–2020: walking the talk on people centredness, as well as the Political Declaration of the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2018), which call on countries to scale up efforts and implement further actions to strengthen health literacy;

Committed to the implementation of WHO's Thirteenth General Programme of Work, 2019–2023, the achievement of which will be facilitated by using health literacy as an integrative and intersectoral tool;

Acknowledging the need for a coherent health literacy approach in the WHO European Region, based on existing and innovative practices;

Recognizing that putting health literacy into practice empowers people to improve their own, their family's and their community's health, including, inter alia, by influencing their living and working conditions, and requires the creation of healthy environments and choices to enable health-conducive lifestyles;

Taking note of document EUR/RC69/14 Rev.1 on the draft WHO European roadmap for implementation of health literacy initiatives through the life course;

1. URGES Member States,¹ as a contribution to the achievement of the 2030 Agenda for Sustainable Development:
 - (a) to promote health literacy at population, organizational and systems levels, inter alia, by engaging and working with relevant stakeholders, enhancing governance and creating environments favourable for improving comprehensive health literacy through the life course, which includes literacy on the influence of psychological factors and the surrounding social environment on health; and to develop public health policy options to facilitate cross-sectoral integration of health literacy interventions, including for accelerating progress in reducing health inequities;
 - (b) to strengthen implementation of health literacy initiatives in various areas of action, environments and settings, including by using innovations such as digital health literacy or other applications of digital technology;
 - (c) to develop knowledge on and capacities in health literacy at different levels, from individuals and communities to institutional and government structures, highlighting the importance of intersectoral collaboration;
 - (d) to strengthen health literacy measurement, monitoring and evaluation at the population, organizational and systems levels;
 - (e) to support the generation and dissemination of evidence and good practices, including at the population, organizational and systems levels, through implementation research and social science, including cross-cultural dialogue and innovative initiatives;
 - (f) to consider participating in networks and other ongoing initiatives in relation to health literacy of the WHO Regional Office for Europe, such as the WHO Action Network on Measuring Population and Organizational Health Literacy and the WHO European Action Network on Health Literacy for Prevention and Control of Noncommunicable Diseases;

¹ And regional economic integration organizations, where applicable.

2. REQUESTS the Regional Director:

- (a) to provide leadership and advocacy and build trust so that effective multisectoral policies, strategies and interventions are established to strengthen health literacy through the life course and address the social determinants of health and health equity; and to provide expertise, tools, guidelines and evidence, and collect and disseminate good practices, in order to, inter alia, link health literacy and behavioural impact through the application of public health interventions with a special focus on disadvantaged or vulnerable groups;
- (b) to develop an action plan on health literacy, taking into account social determinants of health and health equity, including a monitoring and evaluation framework (building upon the work already done and experience gathered), in consultation with Member States, and as appropriate, with international, regional and national nongovernmental organizations, international development partners and technical agency partners;
- (c) to support Member States, upon request, through the provision of technical assistance and the strengthening of capacities to enhance health literacy and implement health literacy initiatives, including the development, revision and implementation of national and subnational health literacy policies, strategies, plans and actions;
- (d) to foster collaboration and exchange of information, innovations and experience on health literacy between Member States and, as appropriate, with relevant stakeholders, including United Nations agencies, and to promote intersectoral and interagency action for health literacy through relevant intersectoral mechanisms and platforms;
- (e) to submit an action plan on health literacy to the Regional Committee at its 71st session in 2021.

EUR/RC69/R10. Dates and places of regular sessions of the Regional Committee for Europe in 2020–2022

The Regional Committee,

Recalling resolution EUR/RC68/R8 adopted at its 68th session;

1. RECONFIRMS that the 70th session shall be held in Tel Aviv, Israel, from 14 to 17 September 2020;
2. DECIDES that the 71st session shall be held in Copenhagen, Denmark, from 13 to 16 September 2021;
3. FURTHER DECIDES that the 72nd session shall be held from 12 to 15 September 2022, at a location to be decided.

Decisions

EUR/RC69(1). Governance of the WHO Regional Office for Europe: amendments to the Rules of Procedure of the Regional Committee for Europe and of the Standing Committee of the Regional Committee for Europe

The Regional Committee,

Having reviewed the report of the Twenty-sixth Standing Committee of the Regional Committee for Europe;

Recalling decision EB144(3), Annex, Item C, that recommends alignment of the terminology used in the Rules of Procedure of the governing bodies with that used in the Framework of Engagement with Non-State Actors;

Further recalling the provisions in resolutions EUR/RC60/R3 and EUR/RC63/R7 on the periodicity of membership of the WHO Executive Board for those Member States in the WHO European Region that are permanent members of the United Nations Security Council, and mindful of the principle of ensuring an equitable geographical balance of the membership of Member States in the European Region in the Executive Board and the Standing Committee of the Regional Committee;

1. ADOPTS the proposed amendments to the Rules of Procedure of the Regional Committee for Europe and of the Standing Committee of the Regional Committee for Europe, Part 1, Rule 2, paragraph 2, as per Annex 1 of this decision, to be effective from the end of this session;
2. ADOPTS the long-term schedules of membership to the Executive Board and the Standing Committee of the Regional Committee, as outlined in Annex 2 of this decision, to be effective forthwith.

Annex 1. Proposed amendments to the Rules of Procedure of the Regional Committee for Europe and of the Standing Committee of the Regional Committee for Europe

Part 1: Rules of Procedure of the Regional Committee for Europe

Rule 2:

Subject to the terms of any existing agreements, the Regional Committee may arrange for consultation with the respective regional committees of the United Nations and with those of other specialized agencies and with other regional international organizations having interests in common with the World Health Organization and for their participation, without vote, in its discussions.

The Regional Director, in consultation with the Regional Committee, may invite States not members of the Committee to participate without vote in the sessions of the Committee. ~~Non-State actors~~ Representatives of nongovernmental organizations, international business associations and philanthropic foundations admitted into official relations with the World Health Organization pursuant to the Framework of Engagement with Non-State Actors are

invited to participate without vote 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.~~ Other international, regional and national nongovernmental organizations,¹ international business associations and philanthropic foundations not in official relations with the Organization but accredited to participate in meetings of the Committee in accordance with paragraph 57 of the Framework of Engagement may also participate without vote in the deliberations of the Regional Committee, as provided for in the Framework of Engagement.

Annex 2. A. Schedule of European membership to the Executive Board

Table 1. Annual overview of vacant seats per subregional grouping – by year of nomination

Nomination Year	Group A	Group B	Group C
2019	United Kingdom	No vacant seat	Russian Federation
2020	1 vacant seat	France 1 vacant seat	1 vacant seat
2021	1 vacant seat	No vacant seat	1 vacant seat
2022	No vacant seat	1 vacant seat	1 vacant seat
2023	2 vacant seats	1 vacant seat	1 vacant seat
2024	No vacant seat	1 vacant seat	1 vacant seat
2025	United Kingdom	No vacant seat	Russian Federation

The nomination year indicates the year when Member States are requested to nominate candidates and the Regional Committee will consider these nominations at its annual session, usually held in September. The nomination year is one year prior to the actual year of commencement of the term as an Executive Board member.

B. Schedule of European membership to the Standing Committee of the Regional Committee

Table 2. Annual overview of vacant seats per subregional grouping – by year of nomination

Nomination Year	Group A	Group B	Group C
2019	1 vacant seat	2 vacant seats	1 vacant seat
2020	2 vacant seats	1 vacant seat	1 vacant seat
2021	1 vacant seat	1 vacant seat	2 vacant seats
2022	1 vacant seat	2 vacant seats	1 vacant seat
2023	2 vacant seats	1 vacant seat	1 vacant seat
2024	1 vacant seat	1 vacant seat	2 vacant seats
2025	1 vacant seat	2 vacant seats	1 vacant seat

The nomination year indicates the year in which Member States are requested to nominate candidates and the Regional Committee will consider these nominations at its annual session, usually held in September. The selected candidates will take office immediately after that session of the Regional Committee.

¹ In accordance with Article 71 of the WHO Constitution.

EUR/RC69(2). Engagement with non-State actors: accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe

The Regional Committee,

Having examined the report on accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe;¹

DECIDES, in line with the Framework of Engagement with Non-State Actors,² to grant accreditation status to the following non-State actors:

- AFEW International
- AGE Platform Europe
- AIDS Healthcare Foundation Europe
- European Federation of Nurses Associations
- European Patients' Forum
- European Respiratory Society
- Norwegian Cancer Society

¹ Document EUR/RC69/10.

² As contained in the Annex to resolution WHA69.10 (2016).

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 report on the work of the Regional Office since the 68th session of the WHO 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 Ola Rosling, President and co-founder of Gapminder Foundation: “For a fact-based worldview”
- (e) Keynote speech by Ms Anne Bucher, Director-General, European Commission, Directorate-General for Health and Food Safety

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

4. Report of the Twenty-sixth Standing Committee of the Regional Committee for Europe

5. Policy and technical topics

- (a) Lessons learned from Health 2020 implementation
 - Health 2020: leadership in public health in the WHO European Region, and lessons learned from seven years of implementation
 - Promoting health equity in the WHO European Region (including outcome of the regional high-level conference, Accelerating Progress towards Healthy and Prosperous Lives for All in the WHO European Region)
- (b) Implementation of the Programme budget 2018–2019 in the WHO European Region
- (c) Programme budget 2020–2021: the regional perspective
- (d) The WHO transformation and its implications for the WHO European Region
- (e) Putting countries at the centre in the WHO European Region
- (f) Report on the work of the geographically dispersed offices in the WHO European Region
- (g) Accelerating primary health care in the WHO European Region: organizational and technological innovation in the context of the Declaration of Astana
- (h) Health literacy in the WHO European Region
- (i) Accreditation of regional non-State actors to the WHO Regional Committee for Europe

(j) Progress reports

Communicable diseases

- Implementation of the Action Plan for the Health Sector Response to HIV in the WHO European Region (resolution EUR/RC66/R9)
- Implementation of the Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region (resolution EUR/RC66/R10)

Corporate services and enabling functions

- Audit and compliance

Cross-cutting

- Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind (resolution EUR/RC66/R7)
- Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being (resolution EUR/RC67/R3)

6. Private meeting: elections and nominations

- (a) Nomination of the Regional Director
- (b) Nomination of two members of the Executive Board
- (c) Election of four members of the Standing Committee of the Regional Committee

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

8. Other matters

9. Closure of the session

Technical briefings

Digitalization of health systems (Monday lunch time)

Health diplomacy and migration (Tuesday lunch time)

Regional collaboration for health with parliaments in the WHO European Region (Wednesday lunch time)

Children's and adolescents' health in the WHO European Region (Thursday lunch time)

Ministerial lunches

Leadership in public health in the WHO European Region (Monday)

Ministerial lunch on the launch of the publication "Better health for Europe: more equitable and sustainable", health awards and the launch of the World Patient Safety Day campaign (Tuesday)

Side events

Update on the work of the WHO collaborating centres (Wednesday breakfast)

Briefing on the guide to resources for implementing the Sustainable Development Goals (Wednesday lunch time)

Vaccine hesitancy (side event hosted by Denmark, Wednesday lunch time)

Human resources for health (Thursday breakfast)

Meeting of the national counterparts (Thursday lunch time)

Annex 2. List of documents

Working documents

EUR/RC69/1	Provisional list of documents
EUR/RC69/2	Provisional agenda
EUR/RC69/2 Add.1	Provisional agenda (annotated)
EUR/RC69/3	Provisional programme
EUR/RC69/4	Report of the Twenty-sixth Standing Committee of the Regional Committee for Europe
EUR/RC69/4 Add.1	Report of the Twenty-sixth Standing Committee of the Regional Committee for Europe: report of the fifth session
EUR/RC69/5	Report of the Regional Director on the work of WHO in the European Region in 2018–2019
EUR/RC69/6	Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board
EUR/RC69/7	Membership of WHO bodies and committees
EUR/RC69/8(A)	Progress report on implementation of the Action Plan for the Health Sector Response to HIV in the WHO European Region
EUR/RC69/8(B)	Progress report on implementation of the Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region
EUR/RC69/8(C)	Report on accountability and compliance of the WHO Regional Office for Europe
EUR/RC69/8(D)	Progress report on the Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind
EUR/RC69/8(E)	Progress report on the roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being
EUR/RC69/9	The WHO transformation and its implications for the WHO European Region
EUR/RC69/10	Engagement with non-State actors: Accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe

EUR/RC69/11 Rev.1	Accelerating progress for equity in health in the context of Health 2020 and the 2030 Agenda for Sustainable Development towards leaving no one behind in the WHO European Region
EUR/RC69/11 Rev.1 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on accelerating progress towards healthy, prosperous lives for all, increasing equity in health and leaving no one behind in the WHO European Region
EUR/RC69/12 Rev.2	Putting countries at the centre in the WHO European Region
EUR/RC69/13 Rev.1	Accelerating primary health care in the WHO European Region: organizational and technological innovation in the context of the Declaration of Astana
EUR/RC69/13 Rev.1 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on accelerating primary health care strengthening
EUR/RC69/14 Rev.1	Draft WHO European roadmap for implementation of health literacy initiatives through the life course
EUR/RC69/14 Rev.1 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution: Towards the implementation of health literacy initiatives through the life course
EUR/RC69/15	Health 2020: seven years on – lessons learned from the implementation of the European health policy framework
EUR/RC69/16 Rev.2	Report on the work of the geographically dispersed offices in the WHO European Region
EUR/RC69/17	The role and contribution of leadership in health policy and practice
EUR/RC69/18	Regional plan for implementation of Programme budget 2020–2021 in the WHO European Region
EUR/RC69/19	Overview of the implementation of the Programme budget 2018–2019 in the WHO European Region

Draft resolutions and decisions

EUR/RC69/Conf.Doc./1	Draft resolution on the report of the Regional Director on the work of WHO in the European Region in 2018–2019
EUR/RC69/Conf.Doc./2	Draft resolution on the report of the Twenty-sixth Standing Committee of the Regional Committee for Europe

EUR/RC69/Conf.Doc./3	Draft resolution on dates and places of regular sessions of the Regional Committee for Europe in 2020–2022
EUR/RC69/Conf.Doc./4 Rev.2	Draft resolution on the work of the geographically dispersed offices in the WHO European Region
EUR/RC69/Conf.Doc./5	Draft decision on governance of the WHO Regional Office for Europe: amendments to the Rules of Procedure of the Regional Committee for Europe and of the Standing Committee of the Regional Committee for Europe
EUR/RC69/Conf.Doc./6	Draft decision on engagement with non-State actors: accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe
EUR/RC69/Conf.Doc./7	Draft resolution on expression of appreciation to Dr Zsuzsanna Jakab
EUR/RC69/Conf.Doc./8	Draft resolution on nomination of the Regional Director
EUR/RC69/Conf.Doc./9 Rev.1	Draft resolution on accelerating primary health care strengthening
EUR/RC69/Conf.Doc./10 Rev.1	Draft resolution on accelerating progress towards healthy, prosperous lives for all, increasing equity in health and leaving no one behind in the WHO European Region
EUR/RC69/Conf.Doc./11	Draft resolution on lessons learned from the implementation of Health 2020, the European policy framework for health and well-being
EUR/RC69/Conf.Doc./12 Rev.1	Draft resolution: Towards the implementation of health literacy initiatives through the life course

Information documents

EUR/RC69/Inf.Doc./1	Beyond 2020: status of WHO European regional action plans within the scope of the Sustainable Development Goals and WHO's Thirteenth General Programme of Work, 2019–2023
EUR/RC69/Inf.Doc./2	Draft global strategy to accelerate cervical cancer elimination
EUR/RC69/Inf.Doc./3	Development of a global strategy for tuberculosis research and innovation
EUR/RC69/Inf.Doc./4	Thirteenth General Programme of Work, 2019–2023 – results framework: an update
EUR/RC69/Inf.Doc./5	Summary of the draft global strategy on digital health
EUR/RC69/Inf.Doc./6	Development of a proposal for a decade of healthy ageing 2020–2030

EUR/RC69/Inf.Doc./7 Rev.2	Overview of the work of the geographically dispersed offices in the biennium 2018–2019
EUR/RC69/Inf.Doc./8	The Ljubljana Statement on Health Equity
EUR/RC69/Inf.Doc./9	WHO presence in countries, territories and areas. Report 2019
EUR/RC69/Inf.Doc./10	Designation of an acting Regional Director for Europe

Annex 3. List of representatives and other participants

I. Member States

Albania

Representatives

Professor Mira Kapisyzi
Deputy Minister of Health, Ministry of Health and Social Protection
H.E. Ms Elida Petoshati
Ambassador Extraordinary and Plenipotentiary, Embassy of the Republic of Albania

Alternate

Ms Stinela Sahatciu
Senior Expert, Foreign Relations, Ministry of Health and Social Protection

Andorra

Representatives

Ms Helena Mas Santure
Secretary of State of Health, Ministry of Health
Dr Josep Romagosa Massana
Public Health Officer, Promotion, Prevention and Survey of Health, Statistics
Department, Ministry of Health

Armenia

Representatives

Dr Arsen Torosyan
Minister of Health, Ministry of Health
Dr Lena Nanushyan
Deputy Minister of Health, Ministry of Health

Advisers

Dr Hayk Grigoryan
Head, International Relations Department, Ministry of Health
Dr Narek Zeynalyan
Head of Standing Committee on Health Care and Social Affairs, National Assembly

Austria

Representatives

Dr Clemens M. Auer¹
Special Envoy for Health, Federal Ministry of Labour, Social Affairs, Health and
Consumer Protection

¹ After the end of the agenda point 6(a), 6. Private meeting: elections and nominations of the Regional Director.

H.E. Dr Maria Rotheiser-Scotti
Ambassador Extraordinary and Plenipotentiary for Denmark and Liechtenstein,
Austrian Embassy

Alternates

Dr Verena Gregorich-Schega
Head, International Coordination, Health Policy and WHO, Federal Ministry of Labour,
Social Affairs, Health and Consumer Protection

Mr Bernhard Fattinger
Health Attaché, Permanent Mission of Austria to the United Nations Office and other
international organizations in Geneva

Ms Aziza Haas
Unit of Coordination of Health Policy and WHO, Federal Ministry of Labour, Social
Affairs, Health and Consumer Protection

Azerbaijan

Representative

Professor Ogtay Shiraliyev
Minister of Health, Ministry of Health

Alternates

Dr Samir Abdullayev
Head, International Relations Department, Ministry of Health

Dr Gulsum Gurbanova
Senior Adviser, International Relations Department, Ministry of Health

Belarus

Representatives

Dr Vladimir Karanik
Minister of Health, Ministry of Health

Mr Anatoli Hrushkousky
Head, Foreign Relations Department, Ministry of Health

Belgium

Representative

Ms Maggie De Block
Minister of Social Affairs and Public Health, and Asylum and Migration, Federal Public
Service Health, Food Chain Safety and Environment

Alternates

H.E. Mr Leo Peeters
Ambassador, Embassy of the Kingdom of Belgium

Mr Bert Winnen
Director, Health Care unit, Federal Public Service Health, Food Chain Safety and Environment

Mr Tom Auwers
President of the Board of Directors, Federal Public Service Health, Food Chain Safety and Environment

Mr Jo de Cock
General Manager, National Institute for Health and Disability Insurance

Advisers

Mr Lieven De Raedt
Strategic Advisor, International Relations, Federal Public Service Health, Food Chain Safety and Environment

Ms Lies Lammens
Advisor, Non-programmable care and coordination of the Interministerial Conference on Health Care (CIM), Federal Public Service Health, Food Chain Safety and Environment

Ms Anna Kubina
Attaché Senior, Intentional Relations and Public Health Emergencies, Federal Public Service Health, Food Chain Safety and Environment

Ms Marie Lefebvre
Public Health Manager for Social Action and Social Cohesion, Department for Health Promotion, Prevention and Disease surveillance, The Wallonia Agency for Quality of Life

Mr Marc Fieremans
Deputy Head of Mission, Embassy of the Kingdom of Belgium

Bosnia and Herzegovina

Representative

Dr Alen Seranic
Minister of Health and Social Welfare, Ministry of Health and Social Welfare of the Republika Srpska

Alternates

Dr Drazenka Malicbegovic
Assistant Minister, Department of Health, Ministry of Civil Affairs

Dr Goran Čerkez
Assistant Minister, Federal Ministry of Health

Mr Kemal Salić
Counsellor, Ministry of Civil Affairs

Adviser

Ms Slavica Grozdanić
Chargé d'Affaires a.i., Embassy of Bosnia and Herzegovina

Bulgaria

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Scientific Programme Manager

European Union

Ms Anne Bucher
Director General, DG SANTE

Mr John Ryan
Director, Public Health, Country Knowledge and Crisis Management, DG SANTE

Dr Canice Nolan
Minister Counsellor, Permanent Delegation of the European Union to the United Nations in Geneva

Mr Matthias Reinicke
Policy Officer, DG SANTE

Mr Juergen Schefflein
Policy Officer, Health Determinants and Inequality, DG SANTE

Dr Andrea Ammon
Director, European Centre for Disease Prevention and Control

Mr Antonis Lanaras
Head, European and International Cooperation Section, DG SANTE

Inter-Parliamentary Assembly of the Member Nations of the Commonwealth of Independent States

Ms Evgenia Vladimirova
Executive secretary, IPA CIS Expert Council on Public Health

Organisation for Economic Co-operation and Development

Ms Francesca Colombo
Head, Health Division

The Nordic Council of Ministers

Ms Anne Camilla Hilton
Senior Adviser

VI. Representatives of non-State actors in official relations with WHO and accredited to attend meetings of the WHO Regional Committee of Europe

Alliance for Health Promotion

Ms Gabriella Sozanski

Alzheimer Europe

Mr Owen Miller

Association for Medical Education in Europe

Mr Janusz Janczukowicz

Ms Paulina Sobieranska

EuroHealthNet

Mr Clive Needle

European Alcohol Policy Alliance

Mr Peter Rice

European Cancer Organisation

Mr Mike Morrissey

European Federation of Allergy and Airways Disease Patients' Associations

Mr Panagiotis-Minos Chaslaridis

European Federation of the Associations of Dietitians

Ms Annemieke van Ginkel-Res

Ms Judith Liddell

European Forum of Medical Associations

Ms Leah Wapner

Ms Michelle Glekin

European Forum of National Nursing and Midwifery Associations

Ms Valentina Sarkisova

Ms Mervi Jokinen

Ms Natalia Serebrennikova

Ms Viviana Lundberg

Ms Dorthe Boe Danbjorg

Ms Kirsten Salling

European Medical Students' Association

Dr Orsolya Suli
Mr Christos Xifaras Nikolaos
Ms Rana Orhan
Mr Aykut Ucar
Dr Evangelos Papageorgiou
Mr Julian Liebaert
Ms Philippa Lantwin

European Public Health Alliance

Ms Fiona Godfrey

European Public Health Association

Ms Natasha Azzopardi Muscat
Ms Dineke Zeegers Paget
Ms Maaïke Drooger

International Association for Hospice & Palliative Care

Dr Maria Teresa Garcia Baquero Merino

International College of Surgeons

Dr Max Downham

International Council of Nurses

Mr Howard Catton
Dr Karen Bjoro
Ms Floro Cubelo

International Federation of Medical Students' Associations

Ms Paulina Birula
Mr Mindaugas Galvosas
Ms Iris Blom
Mr José Ganicho
Ms Stefana Ciortea

International Federation of Pharmaceutical Manufacturers & Associations

Ms Sara Amini
Mr Thomas Allvin
Mr Krzysztof Wojciechowski
Ms Gabriella Almberg
Ms Monika Puri
Mr Alexander Streltsov

International Pharmaceutical Students' Federation

Ms Karolina Miljak
Ms Jelena Lusic
Mr Joao Guedes
Ms Sara Ferreira
Ms Kinga Dziok
Ms Nada Moulla

International Society of Physical and Rehabilitation Medicine

Dr Vanessa Seijas

International Society of Radiology

Dr Franz Kainberger

International Society on Thrombosis and Haemostasis

Ms Louise Bannon

IOGT International

Mr Maik Dunnbier

Medical Women's International Association

Ms Elizabeth Lorraine-Lichtenstein

Medicus Mundi International

Ms Maria Giulia Loffreda
Ms Linda Markova
Ms Sophie Gepp

Standing Committee of European Doctors

Ms Annabel Seebohm
Ms Sarada Das
Dr Andreas Rudkjøbing
Dr Frank Ulrich Montgomery

Stichting Health Action International

Mr Jaume Vidal

The Cochrane Collaboration

Dr Karsten Juhl Jørgensen
Dr Dina Muscat Meng

The Network: Towards Unity for Health

Professor Tony Claeys
Ms Vibeke Westh

The Worldwide Hospice Palliative Care Alliance

Dr Julie Ling

World Confederation for Physical Therapy

Mr Jonathon Kruger
Mr Sidy Dieye

World Federation of Neurology

Dr Wolfgang Grisold
Dr David B. Vodusek

World Federation of Occupational Therapists

Ms Stephanie Saenger
Ms Naomi Hankinson
Ms Tina Nor Longager
Ms Lotte Lagoni

World Federation of Societies of Anaesthesiologists

Dr Daniela Filipescu
Ms Helen Brewer

World Hepatitis Alliance

Ms Rachel Halford

World Organization of Family Doctors

Dr Mehmet Ungan

World Stroke Organization

Professor Hanne Christensen

VII. Observers

AGE Platform Europe

Ms Julia Wadoux

AIDS Healthcare Foundation

Ms Zoya Shabarova

Ms Anna Zakowicz

European Federation of Nurses Associations

Mr Paul De Raeve

European Health Forum Gastein

Ms Dorli Kahr-Gottlieb

European Respiratory Society

Professor Guy Joos

International Federation of Red Cross and Red Crescent Societies

Mr Jagan Chapagain

Mr Davron Mukhamadiev

Northern Dimension Partnership in Public Health and Social Well-being

Dr Ülla-Karin Nurm

Dr Valery Chernyavskiy

Norwegian Cancer Society

Ms Anne Lise Ryel

Regions for Health Network

Ms Camilla Ihlebak

VIII. Guests and temporary advisers

Regional Director candidates

Dr Clemens M Auer²
Dr Nedret Emiroglu
Dr Tatul Hakobyan
Dr Hans Kluge
Dr Natela Menabde

Guests and temporary advisers

Professor Róza Ádány
Dr Richard Alderslade
Mr Franklin Apfel
Dr Roberto Bertolini
Ms Bernadette Brennan
Mr Lawrence Brennan
Dr Ray Busuttil
Ms Sabrina Cecconi
H.E. Mr Benjamin Dagan
Dr Marc Danzon
Ms Christine Feig
Mr Vaughan Gething
Mr Furio Honsell
Mr Enric Llorca Ibáñez
Dr Ferenc Jakab
Dr Mira Jovanovski Dasic
Professor Michel Kazatchkine
Professor Ilona Kickbusch
Dr Mihály Kökeny
Dr György Kosztolányi
Mr Attila László
Professor Sir Michael G. Marmot
Mr Arun Nanda
Mr Haik Nikogosian
Mr Ozonnia Ojielo
Mr Ola Rosling
Dr Eileen Scott
Ms Alyna Smith
Professor Istvan Szilard
Dr Michaela Rosa Told
Professor Tomris Turmen
Ms Jacqueline Weekers

² Until the end of the agenda point 6(a), 6. Private meeting: elections and nominations of the Regional Director.

Annex 4. Address by Her Royal Highness The Crown Princess of Denmark

Director-General, Regional Director, Minister Heunicke, honourable ministers, distinguished guests, ladies and gentlemen.

I am honoured to once again have the opportunity to speak to you at this, the 69th session of the WHO Regional Committee for Europe. Time goes by quickly and while preparing for this meeting I realized just how quickly it does go, as this is now my fifteenth year as Patron of the WHO Regional Office for Europe, and for 10 of those years I have had the distinct pleasure of working together with the Regional Director, Dr Zsuzsanna Jakab.

Impressive progress has been made in health and well-being across the Region over this time, and Health 2020 has proven to be a powerful tool to build political consensus and drive intersectoral action for health. Indeed, Health 2020 has placed the Region in an advantageous position to deliver on the 2030 Agenda for Sustainable Development, and leave no one behind in health, or in life.

The time frame the world set of 15 years to reach the Sustainable Development Goals is ambitious, and time, as I've just said, goes very quickly. This year, you will be discussing steps to strengthen health equity, which has the potential to accelerate progress towards health for all and remove unfair, avoidable differences in people's circumstances that place limits on lives and prevent individuals from achieving their potential.

It is unacceptable that babies born in households and neighbourhoods with low levels of resources fail to thrive. It is intolerable that poverty, unsafe homes, social isolation, precarious work and limited access to quality, affordable health services shorten people's lives. It is a tragedy that exposure to such inequities can shorten a woman's life expectancy by up to seven years, and a man's by up to 15. Fifteen years – so much experience, opportunity, wisdom, laughter, love – cut short.

We must improve health equity because as Professor Marmot says, "it is the right thing to do". It is also the smart thing to do, because health inequity challenges fiscal sustainability, leads to labour market losses, a reduction to the tax bases, and increasing pension and social welfare costs. And if further arguments were needed, I would add that it is the sustainable thing to do, strengthening Europe's goals of prosperity and peace.

Last week in London, WHO launched its European Health Equity Status Report, calling out the policy decisions that compound health inequities, and the five risk factors that are holding people back. A key finding that reducing inequities by 50% would produce financial benefits to countries of up to 4.3% of gross domestic product clearly supports the economic case for health equity. The report provides the data and the tools that can guide Member States in tackling health inequities and produce visible results in a short time frame. I hope that your discussions in the coming days will also reflect on the experiences and solutions discussed in June at the Ljubljana conference on accelerating progress for health equity.

The urgency of improving health equity becomes clearer when we recognize that while the European Region is on track to achieve the SDGs overall, the lack of progress on reducing health inequities means that we are falling behind on SDG 10 (reduced inequalities) and SDG 3 (better health and well-being for all).

WHO's current programme of work, GPW 13, goes to the heart of the issue, seeking to ensure that 1 billion more people benefit from universal health coverage. This requires intensified efforts to provide accessible primary health care, covering such essential services as immunization and sexual and reproductive health and rights.

Throughout my years as Patron, advocating for immunization has been a priority, and a personal conviction. Every child born deserves an equal opportunity to lead a healthy life, and this includes receiving all recommended vaccines. We have safe and effective means to eliminate many diseases, including measles and cervical cancer, thereby preventing suffering from diseases that can permanently alter or take lives.

The mere fact that children and adults in the WHO European Region are still suffering and dying from measles demonstrates that we need to work differently and do more to reach out to all corners of societies with fact-based information about vaccines and tailored services. With immunization playing such a key role in achieving 14 of the 17 Sustainable Development Goals and as a cornerstone of universal health coverage and strong primary health care, it is crucial that we make the necessary investments in expanding access to immunization in every corner of every community.

Across the life course, sexual and reproductive health services, delivered and integrated at the primary health care level, also have the potential to dramatically improve lives. Yet the inclusion of such services across Europe is uneven and often fragmented. Unmet family planning needs range from 5% to nearly 23% across the Region, and are highest among those with low socioeconomic status, migrant populations and adolescents. In too many instances there is a failure to deliver quality and comprehensive access to information and services. Countries and health systems that do not prioritize sexual and reproductive health and rights, that do not empower girls or address gender equality, will struggle and likely fail to meet the SDGs.

I urge you to intensify efforts to smooth the path towards expanding coverage and providing universal access to sexual and reproductive health services, so girls and women can contribute fully and equally to sustainable development and achieve their own full potential. Poor-quality health care imposes additional expenditures on households and health systems – *The Lancet* recently reported that if high-quality health systems were in place in 137 low- and middle-income countries, maternal deaths would decline by half. Ensuring access to quality of care for women, not just during pregnancy and childbirth but across the life course, will improve the health, well-being and future of children, families and countries.

Tackling the complexity of sexual and reproductive health and rights in constantly challenging political contexts is far from easy. Yet we have excellent examples of countries in the Region that are implementing rights-based policies, and it is important to learn from these countries and share best practices such as good conditions for parenthood and the efforts

made in engaging men in developing the way forward. The WHO Europe Action Plan for Sexual and Reproductive Health is helping to accelerate progress here.

In this context, I would like to draw your attention to the fact that 2019 marks the 25th anniversary of the Cairo International Conference on Population and Development, commonly known as the ICPD. The ICPD Programme of Action, endorsed by 179 Member States, marked the turning point by putting people's rights and dignity at the very heart of sustainable development. It emphasizes that sexual and reproductive health is a fundamental human right and that empowering women and girls is one of the most effective ways to improve well-being for all.

In November this year, the governments of Kenya and Denmark together with UNFPA are co-convening the Nairobi Summit on ICPD25: Accelerating the promise for progress. This high-level conference seeks to mobilize the political will and financial commitments we urgently need to finally and fully implement the ICPD Programme of Action. These commitments focus on achieving zero unmet need for family planning information and services, zero preventable maternal deaths, and zero sexual and gender-based violence and harmful practices against women and girls. I look forward to seeing many European Member States represented in Nairobi.

Through implementing Health 2020; improving health equity and the wider conditions that influence health; and building effective, integrated primary health care covering immunization and sexual and reproductive services, I am certain that you will extend universal health coverage, deliver GPW 13, and speed progress towards achieving the Sustainable Development Goals. Ultimately, this means you will improve lives, hand-in-hand with the child, young person, woman or man who risks falling behind. You will enable people in the European Region to prosper and thrive.

Finally, I cannot conclude today without saying a few words about Dr Zsuzsanna Jakab. It has been a privilege and pleasure to work with her over the past 10 years in advocating for better health for all across the European Region. We have travelled widely together, visiting many of your countries, listening, learning and discussing. Our shared aim has been to enhance action for better, more equitable and sustainable health and well-being in Europe and beyond. This has been a truly enriching period, experience for me both personally and professionally. Under Zsuzsanna's remarkable and inclusive leadership the European Region has made enormous progress and she has also paved the way for that progress to continue.

Thank you for your ceaseless energy, drive, commitment and care. Dear Zsuzsanna – you will be missed.

Once again, you have an ambitious agenda ahead of you in the coming days, and I wish you success in your discussions and deliberations.

Thank you.

Annex 5. Address by the WHO Director-General

Your Royal Highness, Crown Princess Mary, Mr Magnus Heunicke, President of the 69th Session, Mr Ioannis Baskozos, Executive President, Dr Zsuzsanna Jakab, Regional Director, Professor Ola Rosling, Honourable ministers, distinguished heads of delegation, Dear colleagues and friends, God morgen.

I'm delighted to be back in Copenhagen – a city with which I have a deep personal connection and very fond memories. Actually, Copenhagen shaped me to believe in universal health coverage. This is the country where I had health insurance for the first time in my life, at age 23. I was here for four months, but I got health insurance for one year. I was curious, because I thought if they're covering their visitors, what does the health system look like for Danes? Then I found out that all Danes are covered, and that influenced me to think that universal health coverage is possible, and has made me a strong advocate for UHC.

But not only Denmark. I did my Masters in the UK three years after that, in 1991, and I saw the NHS first-hand. I was surprised to learn when the NHS started in the UK, which was immediately after the Second World War, when the economy was on its knees. That was a big lesson for me. As part of my PhD I studied in Sweden, which also reinforced my belief in UHC.

In Denmark I have even more memories – there were more bicycles than cars, and a separate lane for bicycles. Thank you so much, Denmark, for influencing me to become a believer in universal health coverage.

Thank you, Your Royal Highness, for your support for WHO, your leadership in health and for your inspiring remarks this morning. Please accept my deepest thanks and respect and appreciation.

I'm also delighted to be here for my sister Zsuzsanna's last Regional Committee meeting as Regional Director. Under her leadership, the Region has made great progress over the past decade.

A key part of the Region's work over the past 10 years has been Health 2020, the policy framework adopted by Member States to improve health outcomes and reduce health inequities. There are many successes to celebrate, as you know. Life expectancy in this region is increasing, and the gaps in life expectancy between countries and between men and women are narrowing. Infant and maternal mortality have both fallen. Premature mortality from noncommunicable diseases is declining, and you are on-track to reach the SDG target. This is very impressive. You are setting an example for the world and you should be proud. Most countries now have a policy or strategy to address the determinants of health and inequalities in health. The Regional Office has also been at the forefront of efforts to address the health of refugees and migrants, and to deal with the threat of antimicrobial resistance.

We should celebrate these achievements. And yet significant challenges remain for the next Regional Director, and for you as Member States. There are still large inequities within and between countries. For example, there is a more than 10-year gap between the countries with the shortest and longest life expectancies. Tobacco use remains unacceptably high and alcohol consumption is the highest in the world. Overweight and obesity are rising. Out-of-pocket health spending accounts for more than 30% of total health spending in more than 20 countries, due largely to the cost of medicines.

Vaccination rates are high across the Region, but again, with significant variation. Because of low coverage nationally or in pockets within countries, measles outbreaks are spreading rapidly. Globally, the number of reported measles cases globally doubled last year from 2017, and the number of cases so far this year is already more than any year since 2006. As you know, four European Member States recently lost their measles-free status. This is not acceptable. The Vaccination Summit in Brussels last week was a timely opportunity to revitalize commitment for closing these gaps. Once again, Your Royal Highness, we thank you for your invaluable support for immunization.

Health 2020 expires next year, but its goals are well-aligned with both the Sustainable Development Goals and WHO's General Programme of Work. As you know, the catch-cry of the SDGs is to leave no-one behind. We cannot tolerate a world – or a region – where the rich get healthy and the poor get sick. We are committed to health for all, not health for some. The resolution before you on accelerating progress towards equity is therefore central to our mission. Strong leadership in public health to reach our triple billion targets will also require your continued political commitment. The health challenges you are facing have one thing in common: they all require a response that goes beyond the health sector. Very often, by the time people present at our clinics and hospitals, the damage has been done.

To achieve a healthier Europe, we must go beyond the health sector to address the root causes of disease in the air we breathe, the food we eat, the water we drink and the conditions in which we live. That is a key focus for WHO as part of our transformation and the “healthy populations” pillar we have established. No country can afford simply to sit back and treat the effects of tobacco use, harmful alcohol consumption and unvaccinated children. We must be relentless in our efforts to promote health and prevent disease. This is the unfinished business of Health 2020, and you have to continue this work with determination – attacking the root cause of the problem. We cannot continue to manage diseases, we have to promote health.

Within the Region, the regional collaboration for health with parliaments is especially important. At the Interparliamentary Union meeting in Serbia next month, we are expecting a resolution on universal health coverage to pass. Harnessing the support of parliaments is vital for creating the regulatory and policy environment for health.

In Astana last year, the world came together to recommit to primary health care as the foundation of universal health coverage. The High-Level Meeting on Universal Health Coverage at the UN General Assembly next week will echo that call. Secondary and tertiary health services are of course an important part of every health system, but the more we can prevent or delay the need for them, the better. Primary health care is central. The agenda item on accelerating progress on primary health care is an excellent step towards translating political commitment into concrete policy ideas. The 10 policy accelerators cover a wide range of evidence-based interventions that can improve the performance of health systems and health outcomes. I'm very pleased to see that each of them also comes with specific “digital pointers” for using modern technologies to implement the accelerators.

Digital health is a key focus for WHO as part of our transformation. We all know that the future of health is digital, and we want WHO to be ahead of the curve on that. Artificial intelligence and digital technologies are changing the way health care is delivered right across the continuum of care. WHO has a unique role to play in advising countries on how to maximize the opportunities of digital technologies, while avoiding the pitfalls with appropriate regulation. That's why WHO has created a new Department of Digital Health, to enhance our role in assessing digital technologies, and support countries to make decisions

about how to prioritise, integrate and regulate them. Harnessing the power of digital technologies for health is vitally important.

But the best asset we have for improving the health of people – is people. People may only interact with the health system rarely. But every day, they make many decisions that affect their health in small ways. We must empower people to become active participants in their own health, rather than simply passive recipients. Progress can be made on many of the health challenges you are facing – tobacco and alcohol use and vaccination, for example – by arming people with the information they need to make healthy choices. The European roadmap for implementation of health literacy is an excellent first step, and I look forward to seeing the action plan to be developed in the next phase. I commend you for this. But Member States don't need a roadmap or an action plan to take action. The roadmap includes several examples of countries that have taken the initiative to improve health literacy. WHO stands ready to work with all Member States to develop and implement initiatives that put people in charge of their own health. It has to be people-centred.

Your Royal Highness, Excellencies, colleagues and friends, WHO is committed to a healthier, safer and more equitable Europe. And we are committed to becoming the organization you need us to be. Since we last met 12 months ago, the Regional Directors and I have been hard at work transforming WHO into an agile organization that works seamlessly across all three levels to deliver the Sustainable Development Goals. That's why I poached Zsuzsanna from here! We now have a new programme budget to support the General Programme of Work. To build this new budget, we turned our planning process upside down, so that country needs drive the work of headquarters and the regions. For the first time in our history, all three levels of the organization have worked together to define exactly what headquarters will produce in the coming biennium. As a result, we now have a list of more than 300 specific "global public health goods" – the technical tools you need to make progress towards the "triple billion" targets. All these came from the grass-roots.

But we're not just changing what we do, we're also changing how we do it. Our new operating model aligns the organization at all three levels and will enable us to work together more effectively and efficiently. We are planning together how we can best support country priorities. We are working hard to make the organization result-oriented and to achieve these results particularly at the country level. One of our key priorities was to make sure every single WHO employee can connect their work to the corporate priorities.

Today, 75% of staff can link their day-to-day work to the General Programme of Work, compared with only 47% at the start of this year. We are also committed to increasing diversity across the organization. We've already achieved several quick wins. We have started rolling out 13 new or redesigned processes to harmonize and optimize the way we do business, from the way we develop norms and standards, to planning, monitoring implementation and results, recruitment, procurement, communications and more. And we have announced plans for the WHO Academy, a major initiative to revolutionize health learning globally and train health workers to implement WHO norms and standards. The Academy, we believe, will be a game-changer in global health. The agreement was signed with His Excellency President Macron, and the academy will be based in Lyon.

Excellencies, colleagues and friends,

I leave you with three challenges for the next year. First, address the root causes of disease. Our job as public health professionals is not simply to run a health system – it's to build

nations and communities in which health can flourish. For that, we must engage actively with colleagues in finance, trade, agriculture, energy, transport, industry and more. We need to address the root causes and promote health. We shouldn't continue to manage diseases.

Second, commit to strengthening health literacy. As I said, our best asset for protecting the health of people – is people, and in that you're in the right direction. When they have accurate, reliable information, people can be empowered to make decisions that protect their own health, and that of their families and communities.

Third, prioritize primary health care. Most of the challenges you are facing must be addressed at the primary level. Primary health care is where health is promoted and diseases are prevented. When everyone in a population has access to quality primary health care services, inequalities are reduced and outcomes are improved. As the Astana Declaration affirms, primary healthcare is the foundation for achieving universal health coverage. The high-level meeting on universal health coverage in New York next week is a vital opportunity to catalyze political commitment for primary health care. We look forward to having the support of as many of your Heads of State and Heads of Government as possible.

Finally, my sister Zsuzsanna, congratulations on 10 years of serving the people of Europe. You have much to be proud of, and you have left the Regional Office in good shape for your successor. I very much enjoyed working with you in the Global Policy Group, and I'm delighted to be working with you now in your new role as my Deputy Director-General. Europe's loss is the world's gain. I also know that the Member States shaped Zsuzsanna. She contributed, you contributed to what she is now. I look forward to working with the next Regional Director. They have a hard act to follow!

My brother and sisters, thank you for your commitment and support. I wish you a very productive meeting as we work together to promote health, keep the world safe and serve the vulnerable.

Thank you so much. Vielen Dank. Merci beaucoup. Spasiba. Muchas gracias. Tak skal du have.

Annex 6. Address by the WHO Regional Director for Europe

Your Royal Highness The Crown Princess of Denmark, Director-General of WHO, Dr Tedros, Minister of Health of Denmark, President of the Regional Committee, Honourable Ministers and delegates, and dear guests.

I warmly welcome you to this 69th session of the WHO Regional Committee for Europe.

This is my last Regional Committee as Regional Director. It is not the end of my work with WHO, as Dr Tedros you honoured me by offering the opportunity to work in Geneva as Deputy Director-General, which I accepted with great honour. Yet I speak to you today as Regional Director, for the last time.

Usually in these speeches I review the work and progress of the WHO European Region over the previous 12 months. I shall do less of that today, and instead focus more on the 10 years since I took office in 2010. What we have done, what we have achieved, and what remains to be done will be the subjects of my speech today, very much in line with what Dr Tedros has already said.

Ten years ago, when I took over as Regional Director, I knew I wanted to achieve better and more equitable health and well-being for all the people of the Region, through strong collaboration with Member States and by engaging all stakeholders. Previously health was seen too often as a matter for health systems alone. Health was even seen by some as a matter of hospital care alone. I wanted to change that narrow perception.

More and more evidence had accumulated that health is powerfully influenced by the circumstances of life, what we now call the multiple determinants and contexts of health – political, social, environmental, commercial and cultural – as well as, of course, by health systems. Also, a global narrative for health and well-being has emerged. Health has come increasingly to be seen as a global public good, as a human right, as a matter of social justice, and as an absolutely necessary element of development. In addition, health is no longer seen as an expensive item of consumption; it is now accepted as an investment in development and as a necessary political choice. As part of this wider perspective, health is also considered to be a vital issue for other sectors such as the economy, trade and security; and indeed, as a major economic sector in its own right.

I think we can be proud that over the last 10 years we in the European Region were among the first to take forward these values and perspectives, and to give these substance in terms of policies and strategies.

With Health 2020 – the European policy for health and well-being – we anticipated and reflected this narrative, now commonplace within the United Nations 2030 Agenda for Sustainable Development, the Sustainable Development Goals (SDGs) and WHO's own Thirteenth General Programme of Work (GPW 13).

Today it is wonderful, after 10 years, to be able to report that Health 2020 made a major contribution to and had a major impact on health cross the Region as a whole, with the highest life expectancy now at 83.1 years. We have also seen real progress with Health 2020, in terms of both policy development and implementation. By 2016, 93% of countries indicated that they had a coherent, value-driven, and evidence-informed national health policy aligned with

Health 2020, 35% more than in 2010; 86% of countries reported having implementation plans. Ninety-eight per cent of countries reported having a policy or strategy to reduce health inequities, an increase of 10% since 2010. Eighty-eight per cent reported that they had defined targets or indicators for Health 2020, an increase of 15% since 2010. Policy dialogues in Member States helped to shape these developments!

Today the narrative is moving forward again. Here, Director-General, yours has been a key voice. Your “triple billion” targets within the GPW 13 inspire us all! Being a lead for two out of the three triple billion targets, I feel a huge responsibility to achieve these results, and I am fully committed to doing so. This assignment seems a natural extension of all the work we have been doing over these years.

Ten years ago, how did we arrive at Health 2020?

We looked at the many contemporary health and non-health system challenges, summarized here on the screen. We wanted to deliver universal health coverage, putting emphasis on achieving people-centred, integrated and coordinated care at all levels. We wanted a strong public health component, prioritizing health promotion and disease prevention. We needed to take a multideterminant approach to these complex challenges with multiple, non-linear and interrelated causal factors. We knew that this would require collaborative, coherent, whole-of-society and whole-of-government approaches and the application of health in all policies. Clearly, also, achievement would require strong leadership and clear goals. Accordingly, I set out my vision with seven strategic priorities, shown here. These have guided all we have done over the last 10 years.

To achieve these priorities, as I have indicated, our main response was Health 2020 – the European policy for health and well-being – which was developed through a broad consultative process. At the same time, in 2010, we also started working on the European Action Plan for Strengthening Public Health Capacities and Services. Both were adopted by you in 2012. I was determined that both would be informed by our new knowledge about the full range of determinants of health, and by new thinking about advancing public health in the 21st century. We developed tools and resources, adaptable to different countries and contexts, that would support the implementation of Health 2020 related health policies, including the Health 2020 implementation package. Since then we have developed a range of other technical strategies and action plans which were all aligned with Health 2020. We have also “seized the moment”. A good example here is our work on the health aspects of migration, where we took quick and courageous action when needed to support Member States.

I was also determined that all our work must be based on science, evidence, data and monitoring. Accordingly, I commissioned new work on the social determinants and the health divide in the European Region, and governance studies to help us understand better and advocate for and implement the vision of Health 2020. I also commissioned economic studies to help policy-makers, health professionals and advocates better understand and promote the economic case for investing in health. I reactivated the Regional Office’s European Advisory Committee on Health Research in order to promote and strengthen the use of research and evidence for public health decision-making and to inform policies for the development of health research in the Region.

How have we done against our expectations of better health for Europe?

As well as the improvement in life expectancy, there have been significant improvements in other health indicators, shown here on this slide. Both maternal and infant mortality have fallen, alongside deaths from injuries, and there have been major achievements in relation to noncommunicable diseases and successes in the control of communicable diseases. For noncommunicable diseases there are three important global targets for reductions in premature mortality, and the European Region is likely to be the only WHO region in which these targets will be met, or even exceeded.

Yet this positive picture remains scarred by persistent inequities in health and well-being within and between countries across the Region. For example, the lowest life expectancy in the Region is 70 years, well below the highest of 83.1 years. When we look at overall age-standardized premature mortality from four main noncommunicable diseases, there is a similar regional variation in rates among people aged 30 to 70 years.

In relation to the social determinants of health, there are also some important gains to report. The *European health report 2018* shows that primary school enrolment numbers for the Region are moving in the right direction. But again, the variation between countries is large, with 0.1% of children not enrolled at one extreme and 10.1% at the other. Likewise, unemployment has fallen slightly from 8.9% in 2010 to 8.7% in 2015 in the Region as a whole. Yet, again, there are large and persistent variations between countries, ranging from a minimum of 0.5% to a maximum of 26.1% in 2015.

In response, most Member States have explicitly included equity, social determinants, gender and human rights values and approaches in the design of national and local health policies. Equity remains our biggest challenge, despite progress in setting broad health equity goals for access and coverage, reducing gaps in life expectancy and lifestyle risk factors, and tackling the social gradient. I am particularly proud of the European Health Equity Status Report Initiative that we launched in 2018 to support countries, partners and WHO to strengthen the equity lens in all health policies and services.

We also followed up this Initiative with a recent successful meeting in 2019 on practical actions to improve health equity, which was held in Ljubljana. The first-ever WHO European Health Equity Status Report was launched on 10 September. We showed that a number of multisectoral policies are important, including in the following areas: income and social protection; employment and working conditions; good-quality early child-development programmes; whole-school approaches that prioritize emotional well-being as well as equitable educational attainment; minimum income, especially for families to achieve food security; housing interventions to reduce crowding and improve conditions; environment and green spaces; providing equitable access to water and sanitation facilities; and active travel.

We also reemphasized the importance of human rights promotion and protection, including gender equality and minority rights in relation to social status, ethnicity, disability, sexual orientation and gender identity.

Please allow me to mention a few further highlights concerning the implementation of Health 2020.

We have made much progress on political, administrative, professional and technical leadership and governance, all of which are so crucial to promoting health and well-being. To enhance staff capacities in these areas, we worked with the Graduate Institute of Geneva in conducting training in global health and health diplomacy. There is so much to say about the

technical work in the four action areas of Health 2020.

In previous years I have given a full overview in my speeches to the Regional Committee of the preceding year's activities. This year I am going to select only a few landmarks from the last 10 years from each of these four areas. I will miss much out, and I apologize for this. However, a full review is available from other sources.

I placed special emphasis on advancing public health in the Region. I presented a new vision for public health in the 21st century, which you considered and adopted last year. We have aimed for improved recognition of the importance of public health, with the necessary institutional and workforce development as the cornerstone of work towards universal health coverage. The Regional Office has now started to build a powerful collaboration, establishing a Coalition of Partners to strengthen enablers of public health in a more coordinated, systematic and proactive way.

To further develop the life-course approach, an innovative, major international conference in Minsk was held to consider the life-course approach in the context of Health 2020. This resulted in the Minsk Declaration, which set out strategies for countries to improve health and well-being, highlighting the importance of life-course transitions, including those from early childhood to adolescence, adulthood and old age, and changes in employment status. The Declaration summarized actions to consider and commitments agreed to at the Conference, which reflected the objectives and priority action areas of Health 2020.

Another innovative conference was held in Paris in 2016 on promoting intersectoral and interagency action for health and well-being in the WHO European Region. The conference culminated in the adoption of the Paris Declaration – “Partnerships for the health and well-being of our young and future generations” – as well as a proposal for the establishment of an ad hoc regional platform for working together for better health and well-being for all. Member States committed to working together across sectors to increase understanding and build stronger policy synergies to benefit health and improve health equity. One direct success of the platform was the establishment of a partnership between WHO and UNESCO to establish both a WHO Collaborating Centre for Research in Education and Health and the UNESCO Chair in Global Health and Education. A further successful outcome has been the commitment of all 1400 WHO Healthy Cities in the European Region to ensuring that every school within their city is a WHO health promoting school.

Turning to the Region's major disease burden, we are on track to meet the Health 2020 target of reducing overall premature mortality from the four major noncommunicable diseases by 1.5% annually until 2020. Other good news is that reducing the burden from noncommunicable diseases is now a global priority, with a series of high-level meetings taking place at the United Nations in New York and commitments being made. Here Health 2020 was anticipatory, emphasizing an approach that integrates risk factors, noncommunicable disease case management and responsive health systems. This is another example of where the work of the Region has had global impact.

Yet not all is good news and challenges remain. Regrettably, as the Director-General said, tobacco use and alcohol consumption in the Region are declining too slowly, and the prevalence of overweight and obesity is rising rapidly. Unfortunately, the targets in those areas are unlikely to be achieved and making further progress is a top priority for the Region in the years ahead.

We have made major progress in the control of communicable diseases by addressing barriers related to health systems and focusing on high-risk populations and vulnerable groups. A real success was that in 2015 we became the first Region to report zero indigenous malaria. Maintaining zero cases in the European Region will require sustained political commitment, resources and constant vigilance, as indicated in the Ashgabat Statement.

We have done well with tuberculosis: from 2013 to 2017 we observed the fastest decline in TB among all WHO regions, with new cases decreasing from 36 to 30 new cases per 100 000 people. TB detection rates increased, and there has been progress in successful treatment outcomes, with a decline of 4.1 to 2.6 deaths per 100 000 people. The Region was also the location for the first WHO Global Ministerial Conference on Ending TB, which took place in Moscow in 2017. This culminated in the Moscow Declaration, providing input to the United Nations High-level Meeting on Ending TB in 2018, and committing to multisectoral action for universal access to care and prevention, increased and sustainable financing, research and innovation, and mechanisms to track progress.

The Region has made progress in increasing the number of people receiving treatment for HIV/AIDS and eliminating mother-to-child transmission. Yet, the increasing HIV incidence is a major concern and one fifth of all people living with HIV in our Region still do not know their HIV status. In July 2018, I invited the ministers of health of eastern European and central Asian countries to a policy dialogue in Amsterdam, where we agreed on ways to scale up and sustain evidence-informed interventions to end the AIDS epidemic by 2030. Good progress has been made to implement the jointly agreed roadmap.

Another priority has been antimicrobial resistance (AMR). When I took office in 2010, I made AMR a priority in the Region; the regional action plan adopted in 2011 was the first of its kind, and contributed to AMR becoming a global priority, with the global AMR action plan endorsed by the World Health Assembly in 2015.

I must, however, mention vaccination. Overall, we have seen a spectacular reduction in the incidence of measles and rubella and the polio-free status of the Region has been maintained. Yet, since the beginning of 2017 a serious outbreak of measles has affected the Region, with an increasing number of countries affected. Here I urge the vital importance of political commitment, of public awareness of the problem and its devastating consequences, and of developing more effective policy responses to vaccine hesitancy. I warmly thank our Patron, Her Royal Highness The Crown Princess of Denmark, for her support in regard to vaccines and the contribution they make to our health and well-being.

I turn now to the strengthening of people-centred health systems and public health capacity. Here we have focused on the implementation of a new European Framework for Action on Integrated Health Services Delivery.

Every five years we have revisited and celebrated the Alma-Ata Declaration on Primary Health Care in our Region to keep primary health care at the centre of our agenda. That vision was renewed with the Astana Declaration at a global meeting in Astana, Kazakhstan, in October 2018 to mark the 40th anniversary of the Alma-Ata Declaration. We celebrated the 10th anniversary of the Tallinn Charter, and held a high-level meeting again in Tallinn in June 2018 to review progress towards our goal of integrated and people-centred services available to all. Thanks go to Marc Danzon for the first Tallinn meeting.

Yet another ground-breaking meeting was the high-level regional meeting, Health Systems Respond to NCDs: Experience in the European Region, held in Sitges, Spain, in 2018, which provided policy-makers with a platform to share country experiences of strengthening health systems for better NCD outcomes. The meeting addressed the role of health systems in enabling people to manage their own health conditions, taking action to reduce NCDs, and increasing the role of health professionals in NCD detection and management – all issues that were addressed in the conference outcome statement.

Now our attention focuses more than ever on implementing universal health coverage. The Tallinn Charter indicated that “today it is unacceptable that people become poor as a result of ill-health”. Our Director-General added the crucial point about access to health services, saying: “no one should get sick and die just because they are poor, or because they cannot access the health services they need”. Linked to these ideas was an important meeting held in Oslo in 2013 to review the impact of the economic crisis on health and health systems across the Region. The conference discussed the various policy responses, shared lessons learned and agreed on ways in which countries can better prepare for the future. Since then we have stepped up our efforts to generate evidence to support universal health coverage, initiating a new programme of work to monitor coverage, access and financial protection across the Region, including the impact of impoverishing out-of-pocket payments.

Our team at the Barcelona office continues to support work on universal health coverage and financial protection, including reviews of out-of-pocket payments, and flagship courses on health financing and health systems strengthening in support of NCD management.

A last health systems point is one where I have a particular interest. I firmly believe, as the Director-General does, that digitalizing health systems is a key component in achieving universal health coverage. We held an important symposium on the future of digital health systems in the European Region, in Copenhagen in February 2019. This meeting helped us understand that new standards and regulatory approaches are needed to ensure security and transparency, and to ensure that digital health services are safe and accessible to all and that wrongful uses of technology are prevented.

Health security is an important dimension of universal health coverage. As the Director-General has said: “Universal health coverage and health security are two sides of the same coin”. Preparedness for all-hazard health emergencies and implementation of the International Health Regulations is a major element of public health capacity that I have prioritized. In addition, the Regional Office has put into practice the assessment of national core capacities using voluntary tools, namely simulation exercises, after-action reviews and external evaluations.

We have been working in response to two major protracted emergencies in the Region, and the Regional Office continues to lead and coordinate the work together with partners and through our field offices in Turkey and Ukraine.

I would like to turn now to creating resilient communities and supportive environments. Resilient communities respond proactively to new or adverse situations; prepare for economic, social and environmental change; and deal more competently with crisis and hardship. The wider environment is also a major determinant of health, estimated to account for almost 20% of all deaths in the Region. We need broad, primary prevention public health approaches, and intersectoral policy-making, to tackle poor air quality, poor water and sanitation, chemicals in the environment, housing conditions, occupational exposures and now crucially the impact of climate-related emergencies.

A unique intersectoral policy platform bringing together relevant sectors and partners to shape policies and actions on environment and health is the series of ministerial conferences of the European Environment and Health Process. Thanks to Czechia for hosting the sixth Ministerial Conference, in Ostrava, in 2017. The Ostrava Declaration showed European leaders' commitment to taking action on environment and health in order to achieve the SDGs. It also supported the goals of Health 2020, focusing on the creation of supportive environments and resilient communities.

I realized that to really make Health 2020 work for the whole Region, a key priority had to be earning the trust of our Member States, by improving the relevance of the work of the Regional Office, promoting engagement and confidence, and improving governance. One way to help achieve this was to strengthen governance and thus the decision-making and oversight role of the Regional Committee and the Standing Committee of the Regional Committee. We also provided policy and technical support to Member States, taking account of their contexts and challenges, listening, engaging and responding to their needs effectively and efficiently.

Our aim was to find ways to support Member States in developing their capacity to respond to challenges, with the necessary skills, knowledge, partnerships, networks and relationships. We developed our collaborative agreements with countries and strengthened the capacity of our country offices and geographically dispersed offices (GDOs) and other outpost offices. We have always made a big effort to “be there” for countries when and where they needed us; for example, for critical parliamentary health debates and other urgent national health developments and reforms, and for policy dialogues.

So far, ladies and gentlemen, I have looked outside to the health impact of the work of the Regional Office. Within the Office how did we achieve our goals and outcomes?

When I started as the Regional Director, a main priority was to see the Regional Office become the “go-to” centre for excellence in public health in Europe. We also aimed to be an initiator, tester, facilitator and driver of global health approaches. We worked to make the concept of governance for health mainstream, aiming to deliver models of governance that are designed to enhance health, equity and well-being. Here a key milestone was the development of the Assessment Tool for Governance for Health and Well-being.

We strengthened technical skills in areas where countries had expressed a need, such as health financing and financial protection, anticipating health needs, migration and health, and men's health, to name just a few.

We strengthened our country offices with internationally appointed WHO representatives working collaboratively within United Nations country teams, in line with United Nations development reform. We worked to create strong, enabling support functions and sustainable financing, and hence created a more sustainable path for the Regional Office. We have worked hard on fundraising to enhance support for our technical programmes. We have also worked to enhance partnerships and networks, and sustain existing and create new GDOs in Moscow and Almaty.

We are grateful to Member States which generously offered to host GDOs. They have been instrumental in ensuring that sufficient and sustained technical capacity has been available for priority areas of our work.

I believe strongly in collaborative work with partners, as well as networks of like-minded Member States. We simply cannot deliver Health 2020 on our own. I was determined therefore to broaden and deepen our engagement with partners, moving beyond competition to establish coherent policies, joint ownership and responsibility, and agreed mechanisms to monitor progress.

Today communicating our vision, goals and policies is more vital than ever to help increase understanding and commitment, and to help promote health literacy. This means giving everyone in the Region and beyond access to understandable and useful health information. We have worked hard to amplify and broaden the reach of the Regional Office through enhanced web and social media feeds. The social media app I hope you are all using at this Regional Committee is one example of this sort of innovation.

Making progress on all of these ideas has depended on the work of our dedicated, motivated, competent and hard-working staff. I encouraged their active participation and involvement in developing and implementing Health 2020 and created an empowering environment for effective implementation. I have prioritized the recruitment and retention of a motivated, gender- and geographically-balanced workforce who can lead the Organization into the future. I wanted improved training opportunities to be provided, and was particularly keen to strengthen our intern programme. I initiated improved internal management and financial procedures and accountabilities.

Evidence has always been at the core of our work during the past 10 years. I have emphasized that Health 2020 was built on the best available evidence – evidence which is accessible, understandable, useful and recognized as robust. An important innovation has been the Health Evidence Network synthesis report series, which continues to turn published evidence into policy options. One recent example was a very useful series on migration and health, published in 2018. Another innovation has been the Evidence-Informed Policy Network, launched in the Regional Office in October 2012 as part of a global WHO initiative to assist with evidence transfer and translation.

Ladies and gentlemen, Health 2020 will soon reach the end of its time, yet its approaches anticipated and supported newer innovations such as the SDGs, GPW 13, and the WHO transformation. We now have all the policy and strategic documents and tools aligned to make real progress.

As we have emphasized throughout my time as Regional Director, ultimately health is a political choice and to achieve the equitable improvement in health that we all seek we need a high level of political commitment. It is for this reason that I so wholeheartedly welcome the approach of our Director-General to reach out to the policy- and decision-makers at the highest levels in Member States to ensure their support and leadership. This is the key to success.

Health is complex, and improving health is a complex and non-linear process. The need for scientific evidence and analysis must be set against social and political contexts of growing complexity, unpredictability and ambiguity. We must deal with multiple determinants through multi-level political and structural mechanisms, as well as behavioural interventions. Here we need new organizational and institutional mechanisms to develop, implement and fund the required multisectoral actions.

All available evidence suggests that investments in health provide high returns in terms of sustainable development. The evidence strongly suggests that many health interventions are

highly cost-effective in their own right and can save downstream costs. We must convey these messages to the highest levels of politics, policy and finance.

It is great news that in New York next week a high-level meeting on universal health coverage will be held at the United Nations General Assembly. This meeting – Universal Health Coverage: Moving Together to Build a Healthier World – will bring together heads of state, political and health leaders, policy-makers, and universal health coverage champions to advocate for health for all. This will give a further boost to equitable health improvement, which is our aim. We also need to focus on health promotion and prevention with visionary, new and more effective public health institutions and capacities.

Our health systems must be open to innovation in order to create new and more integrated, high-quality and people-centred solutions for the benefit of public health. These must be organized according to best principles.

We must make the most of the opportunities offered by new technologies, including preventive and predictive approaches, and the epidemiological and patient management opportunities offered by digitalization, big data and artificial intelligence.

I strongly believe that in the face of all these challenges we need a strong, efficient, relevant and responsive WHO, as a centre of global health excellence, with high-calibre and empowered staff. This is the goal of our WHO transformation, and I think it will succeed as a result of our collective efforts.

Ladies and gentlemen, let me end on a more personal and passionate note. Our health has improved, yet not enough by far. I strongly believe that we have the knowledge, the policies and the means to do better, in absolute terms and also in terms of reducing the health inequities which scar our societies. We need to continue to promote and invest in health as a critical factor for the overall development of our societies. I am confident that you will find the political will to make health a major political objective and a marker of political success.

A final comment: Each generation of WHO staff works to preserve and advance the Organization's values, approaches and impact, and then deliver these into the hands of their successors to be further developed. When our turn came in 2010, Health 2020 became the platform for our contribution. I really believe that that the voice and work of existing and future public health leaders in all 53 countries in our European Region have been greatly strengthened by our collaborative work and collective experience over these last 10 years.

I think that across the European Region we have, together, made a significant contribution to championing public health and delivering health for all, as well as positioning health on political agendas both regionally and globally. I would like to thank you for all your work and efforts! It has been a great privilege to serve as your Regional Director. I now start the process of handing this mandate over to the next Regional Director and his or her extended staff. I am sure that my successor will continue the task and I wish him or her every success in this work.

Thank you very much for your attention.

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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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