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The work of WHO in the European Region in 2016–2017: interim report of the Regional Director

This report highlights some of the most important work of the WHO Regional Office for Europe in 2016–2017 for better health in the European Region. In aligning the 2030 Agenda for Sustainable Development with the Health 2020 policy framework, which underpins all Regional Office work, this report addresses:

- better health for Europe: more equitable and sustainable;
- environment and health in Europe: multisectoral action;
- health emergencies, antimicrobial resistance and communicable diseases: leadership, challenges and successes;
- applying the life-course approach and tackling noncommunicable diseases;
- strengthening people-centred health systems and public health capacity;
- health information, evidence and research for policy-making; and
- advancing WHO reform and financial sustainability.

Contents

	page
Better health for Europe: more equitable and sustainable.....	3
Introduction	3
Greater need for broad intersectoral action on health and the determinants of health	3
Implementing the 2030 Agenda	5
Migration and health: example	11
Multisectoral approach to environment and health in Europe	13
Sixth Ministerial Conference on Environment and Health and the European Environment and Health Process	14
Partnership with UNECE	16
Technical work	16
Health emergencies, antimicrobial resistance and communicable diseases: leadership, challenges and successes	20
Health emergencies: unified approaches	21
European leadership in AMR	27
Combating communicable diseases: challenges and successes.....	29
Applying the life-course approach and tackling NCDs: leaving no one behind.....	38
Life-course approach, focusing on a healthy future	38
Combating NCDs and their risk factors	42
Strengthening people-centred health systems and public health capacity	52
Work towards UHC	53
Health systems governance: transforming health systems	54
Innovation for better health outcomes	55
Alliance of PHC and public health	56
Health financing	57
A broad range of courses on health systems.....	59
Examples of work with countries: Greece and Portugal	60
Health information, evidence and research for more effective policy and action.....	61
Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region.....	62
Greater availability and dissemination of health information	62
Strengthening health information systems and capacity	64
Advancing WHO reform and financial sustainability.....	66
WHO reform.....	66
Financial situation	68
Partnerships for improved health and policy coherence.....	68
Working with and for countries.....	70
Strategic communications	71

Better health for Europe: more equitable and sustainable

Introduction

1. In 2016–2017, the WHO Regional Office for Europe changed its way of working to respond to current political and social challenges, while carrying out its activities within the new global framework of the United Nations 2030 Agenda for Sustainable Development. This required the Regional Office to continue with and to intensify the approach and strategic directions it had pursued since 2010, when the WHO European Region adopted the Regional Director for Europe's new vision for health in response to changing circumstances and new challenges, and in 2012, when Member States adopted Health 2020 as the framework for action to pursue more equitable and sustainable health in the Region. Previous reports outline those processes. This report describes the Regional Office's renewed efforts, with Member States and partners, to initiate and to carry out broad intersectoral action on health and all its determinants.

2. This section presents the overarching themes of this work – unified intersectoral action on health and its determinants carried out in partnership; the life-course approach; the strengthening of health systems; and the provision of high-quality information and evidence as the basis of effective policies and action – using the important issue of migration and health as an example. Subsequent sections, addressing other topic areas, further develop these themes. The close interweaving of the Regional Office's activities, carried out within a unified framework, impedes the separation of the various threads for discussion, so this report employs cross-references to link related content.

3. This report provides only a snapshot of the Regional Office's most important activities; its website displays the breadth and depth of its work.

Greater need for broad intersectoral action on health and the determinants of health

4. The health situation in the European Region along with other challenges has increased the need for broad intersectoral action on health and its determinants. Regional Office data show that WHO strategies, implemented within the framework of Health 2020, work, and that Member States in the Region use Health 2020 to give direction and coherence to achieving better health. Persisting health challenges and emerging political and social challenges, however, show the need to make intensified efforts for more equitable and sustainable health. In 2016–2017, Member States and the Regional Office responded to both existing and emerging challenges by making new efforts to apply tools already proved to be effective in implementing Health 2020, within the framework of the 2030 Agenda for Sustainable Development and efforts to achieve its Sustainable Development Goals (SDGs). The Regional Office has made considerable progress in initiating the implementation of the 2030 Agenda and in developing new tools for this task.

Health in Europe

5. The *European health report 2015* describes how the European Region is on track to reach the Health 2020 targets. Europeans live longer and healthier lives than ever before;

premature mortality is decreasing and differences in life expectancy and mortality between countries are shrinking.

6. Nevertheless, absolute differences in health status between countries and inequities within countries persist, and further action is needed to address all the determinants of health, including harmful behaviours. For example, protecting the Region's gains in life expectancy requires that current rates of smoking, alcohol consumption and obesity decline substantially. Furthermore, recent political and social challenges arising globally and within the European Region – such as inequities in development, poverty, civil unrest, migration, terrorism, complex emergencies and climate change with extreme weather events – have created new public health demands.

Evaluating past responses and integrating them into the new framework

7. The 66th session of the Regional Committee for Europe (RC66) evaluated the success of the Region's efforts to implement two major efforts to secure better health – the European Action Plan for Strengthening Public Health Capacities and Services and progress on implementing the Health 2020 policy framework – and welcomed WHO's work and proposals to integrate the Health 2020 policy framework with the 2030 Agenda.

Implementation of Health 2020 and the public health action plan

8. The progress report on Health 2020 implementation in 2012–2016 shows that the Regional Office has supported implementation by delivering a package of products and services, analysing public health situations and policy gaps, identifying assets, encouraging political commitment from heads of state, organizing dialogues and making recommendations on policy, and monitoring progress towards the Health 2020 targets and indicators. The Regional Office has supported Member States to develop frameworks that address upstream determinants of health and health equity, to strengthen health and health information systems and to implement whole-of-government and whole-of-society approaches. All policy responses of the European Region and major events organized by the Regional Office are aligned with Health 2020 and serve to advance its implementation, these include:

- WHO European strategies and action plans on, for example, nutrition, physical activity, healthy ageing, investing in children, food safety, noncommunicable diseases (NCDs), vaccines, tuberculosis (TB), the strengthening of nursing and midwifery, the health of migrants, refugees and asylum seekers; and
- ministerial conferences and other high-level meetings on, for example, NCD prevention and control, the life-course approach, environment and health, and migration.

9. This work has involved cooperation with a wide range of partners, such as other United Nations agencies, the European Union (EU) and its institutions, the Organisation for Economic Co-Operation and Development (OECD), global health partnerships, such as the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria, subregional networks and nongovernmental organizations (NGOs).

10. The Regional Office has assisted 25 Member States (Albania, Andorra, Armenia, Azerbaijan, Bulgaria, Croatia, the Czech Republic, Hungary, Iceland, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Malta, Poland, Portugal, Romania, San Marino, Slovakia, Slovenia, Spain, the former Yugoslav Republic of Macedonia, Ukraine and Uzbekistan) in

developing national health policies, and has supported the development and implementation of subnational policies aligned with Health 2020 through the Regions for Health Network and the WHO Healthy Cities Network. Over 70% of Member States in the Region have overarching national health policies at different stages of development and implementation, and the proportion of countries with national health policies aligned with Health 2020 has risen from 58% to 75%.

11. According to the progress report on implementation of the European Action Plan for Strengthening Public Health Capacities and Services, the Regional Office has produced a range of publications to support Member States in developing policies to strengthen public health services, particularly the tool for the assessment of essential public health operations, which is available in hard-copy and web-based versions in English and in Russian. The Regional Office has supported a number of Member States in assessing their services and capacities. Partner organizations – such as the Association of Schools of Public Health in the European Region, the European Centre for Disease Prevention and Control (ECDC), the European Commission, EuroHealthNet, the European Observatory on Health Systems and Policies, the European Public Health Alliance, the European Public Health Association, the International Network of Health Promoting Hospitals and Health Services and various WHO collaborating centres – have all played a catalytic role.

12. Member States have made important achievements in strengthening public health services, and have found the Action Plan to be useful to countries and to the organizations that deliver the services. Nevertheless, there seems to be a gap between the level of political commitment expressed and the resources allocated to strengthening public health services. The Action Plan has had low visibility in many Member States and its potential remains largely unrealized. The progress report makes a number of suggestions on how the Regional Office can further support implementation (see the section on strengthening people-centred health systems).

13. RC66 called Health 2020 a prophetic instrument that has given the Region a head start in implementing the 2030 Agenda, by providing a solid foundation on which to build new health and development plans. The Regional Office has assisted Member States to identify common interests and pursue joint goals through intersectoral action at the international, national and subnational levels.

Implementing the 2030 Agenda

14. Health 2020 is the entry point for integrating the 2030 Agenda for Sustainable Development in both agreed and proposed national visions, strategies, plans and roadmaps. Relevant to all countries in the Region, the SDGs place health and well-being for all at all ages at the centre of development as determinants, enablers and outcomes. Although SDG 3 focuses on health, better health is needed to achieve many of the targets of the 17 SDGs. Like Health 2020, the 2030 Agenda calls for strong commitment at the highest political level, inclusive and participatory governance, and intersectoral action on health and all its determinants with whole-of-government and whole-of-society approaches, the consideration of health in all policies, a greater focus on equity (often described as leaving no one behind) and broad partnerships. The 2030 Agenda provides a unifying framework for all of WHO's work and renews commitment and a more integrated and multisectoral approach to Health 2020.

15. Member States in the European Region have started to work on localizing the 2030 Agenda. WHO's approach to achieving the SDGs has involved action at all levels of the Organization. For example, the WHO Global Policy Group (chaired by the WHO Director-General and comprising all WHO regional directors) has discussed the SDGs and mapped the health targets against the implementation of the programme budget. Member States in the Region have played an active role at the 9th Global Conference on Health Promotion, held in China in November 2016, at which decision-makers, health promotion experts and ministers of agriculture, development cooperation, financing, foreign affairs, health, planning and trade adopted the Shanghai Declaration, recognizing that health and well-being are essential to achieving sustainable development and committing themselves to promoting health through action on all 17 SDGs. The WHO Director-General appointed a global coordination team comprising representatives of regional offices, to prepare for the July 2017 meeting of the High-level Political Forum on Sustainable Development – the United Nations central platform for follow-up and review of the 2030 Agenda and the SDGs.

Action in the European Region

16. In the European Region, the Regional Office both promoted and practised intersectoral action, creating new networks and repurposing existing ones; supported Member States' efforts with information; and initiated development of new tools to achieve the SDGs. Like previous reports from the Regional Director, this report shows how the Regional Office continues to build on the robust relationships already established with key partners, seeking transformative partnerships to achieve the SDGs (see the section on advancing WHO reform).

Walking the talk: new WHO-led coalitions for health

17. At its meeting in May 2016, the United Nations Development Group Regional Team for Europe and Central Asia established the Issue-based Coalition on Health, led by the WHO Regional Office for Europe. The Coalition on Health is a pan-European mechanism to facilitate and promote the achievement of SDG 3 and the health-related targets of the other SDGs by coordinating the activities of United Nations organizations and other intergovernmental organizations and partners. The Regional Office hosted the Coalition's first meeting in Copenhagen, Denmark, in November 2016. Participants included representatives of the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Development Programme (UNDP) and the United Nations Office for Project Services (UNOPS). The Coalition identified four areas of United Nations work for strong collaboration to support Member States – health throughout the life-course, communicable diseases, universal health coverage (UHC) and migration – and lead agencies for each. A meeting of United Nations regional directors was held in Denmark in December 2016 to discuss the next steps. In addition, a regional working group was established to implement SDG 5 on gender equality and empowering women and girls (see the section on applying the life-course approach).

18. The Regional Office held a High-level Conference on Working together for better health and well-being: Promoting intersectoral and interagency action for health and well-being in the WHO European Region, hosted by the Ministry of Social Affairs and Health of France in Paris in December 2016. The aim of the Conference was to strengthen cooperation among the health, education and social sectors in the European Region in order to secure

better, more equitable health and social outcomes for children and adolescents and their families. The solid partnership established in the regional United Nations Development Group and the regional coordination mechanism facilitated cooperation with partners for the Conference in Paris. Experts and representatives of Member States, international organizations, such as the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNFPA, and civil society agreed to establish a new platform for a transformative partnership among the health, education and social sectors to fulfil the 2030 Agenda for Sustainable Development, and requested that the Conference become a standing event. ILO and WHO in particular agreed to intensify their cooperation on social protection and UHC. To support the Conference, the Regional Office published a compendium of case studies on intersectoral action aimed at children and young people, along with other publications and videos. The Regional Office held a technical briefing during the Conference on how the health, social and education sectors could work together to provide better services for the rising number of unaccompanied minors seeking protection in Europe as refugees and migrants. Conference panellists included representatives of the Greek and Italian health ministries, Doctors of the World, the Centre for Health Equity Studies in Sweden and UNICEF.

19. In 2017, the Regional Office joined forces with champion countries and international public health organizations to form a coalition of partners to develop and implement a joint agenda for action to strengthen public health services (see the section on strengthening people-centred health systems).

Existing networks pursuing Health 2020 and the SDGs

20. At the subregional level, WHO networks have become catalysts for a wide range of activities to achieve the SDGs and implement Health 2020; this work includes greater cooperation with other networks, such as networks addressing particular levels of governance like, for example, the WHO European Healthy Cities Network, national Healthy Cities networks and the Regions for Health Network, and networks comprising countries with similar characteristics or common aims, such as the Small Countries Initiative and the South-eastern Europe Health Network (SEEHN), respectively. (The section on health information covers the contributions of networks devoted to health information.)

21. For example, the WHO European Healthy Cities Network, comprising nearly 100 cities and towns in 30 countries, adopted the Healthy Cities Pécs Declaration in Hungary in March 2017. The Pécs Declaration recognizes the need for cities to assume leadership in implementing the 2030 Agenda for Sustainable Development and commits members of the Health Cities Network to support a wide range of Regional Office initiatives, including the outcomes of the high-level conference on promoting intersectoral and interagency action for health and well-being, and two new European strategies – the Strategy on Women’s Health and Well-being in the WHO European Region and the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region (see below and the section on applying the life-course approach) – both adopted by RC66 in September 2016. Members of the Healthy Cities Network and national networks established a working group to strengthen engagement, capacity and knowledge on migration and health. The working group developed a new toolkit for assessing the capacity of municipal health systems to manage large numbers of recently arrived refugees, asylum seekers and migrants.

22. The Regions for Health Network (RHN) aims to be a leading technical network advising on SDG implementation at the regional level. At RHN's 23rd annual meeting, held in Lithuania in September 2016, participants from 30 regions in 23 countries focused on integrating efforts at the international, national and subnational levels to implement Health 2020 and the 2030 Agenda, and explored closer collaboration with the Healthy Cities Network. RHN members delivered trainings and workshops to promote intersectoral action and health equity, such as the Summer School organized by the Regional Office and the Pomurje Region of Slovenia in July 2016. The Regional Office published a series of case studies, describing best practices from this and other initiatives of RHN members. To work for more sustainable environments, RHN participated in the Sixth Ministerial Conference on Environment and Health (see the section on environment and health in Europe).

23. The Small Countries Initiative enabled eight Member States of the Region with a population of less than 1 million – Andorra, Cyprus, Iceland, Luxemburg, Malta, Monaco, Montenegro and San Marino – to share knowledge, build capacity and promote action to implement Health 2020 and the SDGs. At its third high-level meeting, held in Monaco in October 2016, members of the Initiative committed themselves to working together to implement the SDGs and, in particular, to address climate change by:

- further improving and developing their technical capacity;
- sharing information, good practices, experiences and lessons learned;
- supporting the scaling up of innovations;
- engaging with other governments, civil society, scientists and the wider global health and development community for intersectoral action; and
- calling for concrete action by the Sixth Ministerial Conference on Environment and Health in June 2017.

24. Follow-up action included a course on global health diplomacy for small countries, held in Cyprus in March 2017, organized by the Regional Office and the Graduate Institute of International and Development Studies in Geneva (Switzerland). Participants included 35 senior officials from various sectors including health, finance, foreign affairs, education and development, as well as RHN representatives. In 2016, the Regional Office published two collections of examples of intersectoral action taken by members of the Initiative to improve health. The Regional Office held the first meeting of the Small Countries Health Information Network in Malta in March 2016, to help small countries address common challenges in strengthening their health information systems (see the section on health information).

25. At their fourth high-level meeting, held in Malta in June 2017, the members of the Small Countries Initiative agreed to launch comprehensive initiatives to address obesity in children (see the section on applying the life-course approach). Ministers called on governments to ensure stronger restrictions on the marketing of foods high in fat, sugar and/or salt to children, to promote clear and easy-to-understand labelling and to improve the nutritional composition of food products.

26. Similarly, at the Fourth South-eastern Europe Health Ministerial Forum in April 2017, the nine countries of SEEHN (Albania, Bosnia and Herzegovina, Bulgaria, Israel, Montenegro, the Republic of Moldova, Romania, Serbia and the former Yugoslav Republic of Macedonia) signed a new, far-reaching Chisinau Pledge of cooperation. SEEHN member countries agreed:

- to increase public financing for health, despite economic hardship;
- to coordinate efforts to improve people's health through UHC, whole-of-government and whole-of-society approaches and by tackling health inequalities in order to achieve the SDGs;
- to build a cross-border mechanism for a coordinated response to health emergencies; and
- to establish a subregional health workforce observatory to promote and monitor the cross-border mobility of health-care workers, harmonize their qualifications and prevent the emigration of young specialists to more affluent regions.

27. The Ministerial Forum also endorsed amendments to SEEHN standard operating procedures and the appointment of the director of the SEEHN secretariat, thanked WHO technical staff for their contributions to member countries and celebrated the solid health gains made as a result of the cross-country cooperation in public health through SEEHN.

28. With the Public Health Agency of Sweden, the Regional Office organized the second policy exchange of the Nordic and Baltic collaboration on social determinants of health and health equity in Sweden in October 2016. Over 100 participants from Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden discussed ways to step up the implementation of the Health 2020 vision for health equity and well-being in their countries. Participants expressed interest in working together and with the Regional Office:

- to share experience on effective approaches for framing health equity, methods of communicating key messages to different stakeholders, tools and methods to support partnerships with actions and ways to mainstream health equity across the whole of government; and
- to provide better data to stratify health determinants and outcomes through equity-sensitive surveillance and monitoring systems.

Action at the country level and within the Regional Office

29. At the country level, WHO has fully incorporated the SDGs in its country cooperation strategies and biennial collaborative agreements (BCAs) with Member States (see the section on advancing WHO reform). In countries with a United Nations Development Assistance Framework, WHO works closely with resident coordinators, country teams and other United Nations entities.

30. At the technical level, the Regional Office set up an internal working group to map Regional Committee resolutions against SDG targets and Health 2020 and SDG indicators. The Regional Office has also changed its structure by creating a new division that brings together expertise on the social, economic and environmental determinants of health, health equity and good governance and work on SDGs to provide a platform of excellence.

Tools to support implementation of the 2030 Agenda

31. As with Health 2020, the Regional Office has supported countries and partners with a wide array of information and tools for the implementation of the 2030 Agenda for Sustainable Development. RC66 requested the Regional Office to develop new tools, including a core package of SDG-related technical resources for countries to use in developing, revising and implementing their strategies and plans for development and health.

32. The Regional Office has used publications to promote intersectoral action, such as policy briefs that describe benefits of intersectoral action (health and, for example, education, foreign policy, agriculture, social protection, labour and housing), a synthesis report on evidence on financing and budgeting mechanisms to support action involving the health, education, social welfare and labour sectors, and a collection of case studies on diplomacy for health. The Regional Office has plans to publish a book on working for health with the whole of society by the end of 2017, along with synthesis reports presenting evidence on the social return on investments across Health 2020 priority areas for action in the context of the 2030 Agenda and on policies addressing the socioeconomic determinants of health and health equity. The Regional Office also mapped national development strategies and health policies and intersectoral actions in the Region to support Member States in developing coherent policies for health and well-being.

33. With the approval of the Regional Committee and the support of the Standing Committee of the Regional Committee (SCRC), the Regional Office has started developing three new tools: a regional roadmap for implementing the SDGs; a joint monitoring framework for Health 2020, NCD and SDG indicators; and regular reporting on health equity. The development process has followed the Regional Office's established pattern of development based on evidence, wide consultation and close cooperation with Member States and partners.

34. The SDG roadmap, to be considered by RC67, paves the way forward and promotes intersectoral action and partnerships that support the implementation of Health 2020 and the 2030 Agenda. The roadmap identifies regional priorities for implementing the 2030 Agenda and calls for a sharper focus on governance and intersectoral action for health, the alignment of national development and health policies, policy coherence across multiple goals, and a stronger focus on the means of implementation, including strengthened public health capacities, partnerships, increased financing for health, innovation, further research and enhanced monitoring and accountability. It proposes five interdependent strategic directions and four enabling measures. Priorities for the Regional Office include: working with countries, providing technical support to countries, strengthening partnerships, and monitoring and reporting. A supporting document, describing opportunities and challenges of 21st-century public health in implementing the SDGs and Health 2020, accompanies the roadmap, along with evidence-based synthesis reports on investment for health and well-being and on policies for addressing the social determinants of health and health equity. The synthesis reports serve as advocacy tools for policy- and other decision-makers involved in intersectoral planning and interventions at the national and subnational levels. The Regional Office convened the first meeting of an expert working group to support the drafting of the SDG roadmap in Venice, Italy, in January 2017.

35. A technical briefing at RC66 proposed the development of a framework to reduce the burden of and to unify Member States' reporting of their progress on indicators of

Health 2020, the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 and the SDGs. Mapping by the Regional Office has shown that 76% of Health 2020 indicators are fully aligned with those of the SDGs. To establish a common set of indicators, the Regional Office mapped all indicator sets currently used in the European Region, in cooperation with the European Commission and OECD – its partners in the European Health Information Initiative (see the section on health information). The Regional Office has consulted Member States on the joint monitoring framework and has presented the results to the Regional Forum on Sustainable Development for the United Nations Economic Commission for Europe (UNECE) Region, held in Switzerland in April 2017. The framework is planned for submission to RC67.

36. To monitor progress towards the equity goals of Health 2020 and the SDGs, the Regional Office has initiated the development of a regular report on the status of health equity in Member States in the Region, to complement its European health report that it publishes every three years. A working group has been established to develop the reports, with the aim to publish every four years, starting in 2018. The health equity report will monitor the implementation of policies addressing the social, economic and environmental determinants of health and measures to combat discrimination.

37. Other Regional Office activities to promote health equity have included a training course and follow-up meeting to support the countries participating in Nordic and Baltic collaboration on the social determinants of health and health equity. To build capacity in the skills required to bridge policies and sectors for greater health equity and well-being, the Regional Office held its first Flagship Course on Equity in Health in All Policies in June 2016, organized in partnership with the WHO collaborating centre at Durham University, United Kingdom. The Regional Office, the Swedish Ministry of Health and Social Affairs and the Public Health Agency of Sweden held a high-level policy dialogue for the Nordic and Baltic countries in October 2016.

Migration and health: example

38. The Regional Office's work on migration and health, although important in itself, also provides an example of WHO's multilevel efforts to respond to Member States' requests for action, to seek to improve the health of vulnerable groups, to address health issues through intersectoral action and to ensure that its technical work serves the larger goals of unifying the Health 2020 and 2030 Agenda policy frameworks.

39. The Regional Office has scaled up its efforts to address the needs of migrants, refugees and asylum seekers – who are among the most vulnerable groups in the European Region – in response to increasing requests from Member States. Taking into account Health 2020 and the 2030 Agenda, the Regional Office developed a Strategy and Action Plan on Refugee and Migrant Health that strongly emphasizes the need for an approach based on human rights, driven by equity and sensitive to gender issues. The process included guidance from the SCRC's subgroup on migration and health and extensive consultations with Member States, representatives of WHO's Eastern Mediterranean and African regions, United Nations agencies and international organizations. The resulting Strategy and Action Plan covers nine priority areas:

- (a) establishing a framework for collaborative action;

- (b) advocating the right to health of refugees, asylum seekers and migrants;
- (c) addressing the social determinants of health;
- (d) achieving public health preparedness and ensuring an effective response;
- (e) strengthening health systems and their resilience;
- (f) preventing communicable diseases;
- (g) preventing and reducing the risks posed by NCDs;
- (h) ensuring ethical and effective health screening and assessment; and
- (i) improving health information and communication.

40. The Strategy and Action Plan was applauded by the International Organization for Migration (IOM), UNHCR and many NGOs. Member States called this work an illustration of how to transform a crisis into an opportunity to improve public health capacity in the Region.

41. As an outgrowth of this work, the Regional Office supported the development of a global WHO normative framework on migration and health. In December 2016, the Regional Director hosted and co-organized the first Organization-wide meeting on the preparation of this framework. In January 2017, the 140th session of the Executive Board requested the WHO Director-General – working with Member States, IOM, UNHCR and other relevant stakeholders – to draft a global action plan on the health of refugees and migrants, and to seek to ensure that the United Nations Global Compact for Safe, Orderly and Regular Migration and the United Nations Global Compact on Refugees adequately address aspects of health. At the March 2017 meeting of the Global Policy Group, the WHO Director-General asked the Regional Director for Europe to support WHO headquarters in this work. In May 2017, the Seventieth World Health Assembly:

- urged Member States to consider using the framework of priorities and guiding principles to promote the health of refugees and migrants, including using it to inform discussions among Member States and partners involved in developing the global compacts; and
- asked the WHO Director-General to submit a draft global action plan for consideration by the Seventy-second World Health Assembly in May 2019.

42. The Regional Office has started work to implement the Strategy and Action Plan in the European Region in four main areas: providing Member States with technical assistance, evidence and information, and advocacy according to their needs and continuing to advance the policy agenda for migration and health within and beyond the European Region, in collaboration with WHO headquarters and other regional offices. Deploying additional staff to Greece, Italy, Serbia and Turkey, the Regional Office has assisted Member States on the frontline of large-scale migration to make contingency plans and to strengthen the capacity of their health and public health systems to respond to current or potential large influxes of refugees and migrants. Staff from the Regional Office visited Serbia in January 2017 to support health authorities in dealing with the health needs of migrants stranded in the country. The Regional Office organized a workshop in May 2017 to support Member States along European migration routes to develop an integrated and coordinated approach to ensure appropriate access to and provision of health care for refugees, asylum seekers and migrants. As part of its work with individual countries to strengthen their health systems (see the

section on strengthening people-centred health systems), the Regional Office and the Ministry of Health of Greece took part in a policy dialogue, held in Athens in March 2017, that included a focus on vulnerable and crisis-affected populations, such as migrants journeying to and remaining in Greece, to initiate the country's collaborative health care reform programme (see the section on strengthening people-centred health systems).

43. The Regional Office published the first toolkit for assessing health systems' capacity to manage large influxes of refugees, asylum-seekers and migrants in 2016 in order to support national health ministries in leading multisectoral collaboration to improve these groups' health and to reduce health inequities. Working with health ministries, the Regional Office used this tool to assess the capacity of the health systems in 12 Member States (Albania, Bulgaria, Cyprus, Croatia, Greece, Hungary, Italy, Malta, Portugal, Serbia, Spain and the former Yugoslav Republic of Macedonia) to manage large influxes of refugees and migrants. Working with health ministries, the Regional Office has identified challenges such as the improvement of public policies and interventions.

44. The Regional Office has also published three synthesis reports on evidence of migrants' access to health care services and on the maternal and mental health services provided to migrants, and devoted an entire issue of its journal, *Public Health Panorama*, to an in-depth exploration of the challenges of and solutions for migration and health. Two more synthesis reports on the evidence of injuries and migration and migrants' access to TB screening and care are expected to be completed by the end of 2017.

45. In March 2017, the Regional Office launched Migration and Health Knowledge Management, a collaborative project funded by the European Commission Directorate-General for Health and Food Safety, to raise awareness, foster and disseminate knowledge, and increase the adoption of good practices and evidence-based approaches to migrant health across European Union countries. Working through the WHO European Knowledge Hub on Health and Migration, launched by the Regional Director in Sicily in November 2016, the Regional Office's project is a multistakeholder platform that bridges policy, science and practice. Established with financial support from the Ministry of Health of Italy, regional health authorities in Sicily and the European Commission, the project provides opportunities for sharing experiences and discussing policy options, face-to-face and through online training, and via an online library on the Knowledge Hub website, which was launched in 2017. The Regional Office held the first Summer School on Refugee and Migrant Health – organized with the support of the Ministry of Health of Italy, the regional health authorities of Sicily, the European Commission, the European Public Health Association, IOM and the Health Initiative of the Americas at the University of California, Berkeley (United States of America) –in Syracuse, Italy, in July 2017.

46. The Regional Office's advocacy activities also included a campaign for World Refugee Day, on 20 June 2016 and a newsletter on the work of its Public Health Aspects of Migration in Europe project.

Multisectoral approach to environment and health in Europe

47. The work of the Regional Office for Europe in 2016–2017 has demonstrated the success of its multisectoral approach in addressing the environmental determinants of health, which account for up to 15% of the burden of preventable disease in the European Region. This

work has been done under the umbrella of the European Environment and Health Process – established in 1989 by the Regional Office, the Region’s Member States, UNECE and other partners – and through the Regional Office’s nexus-based approach – which focuses on recognizing the multiple interconnections between risk factors and environmental determinants, translating science into evidence and supporting the development of policies. The process has been recognized as a means of implementing Health 2020 and thereby achieving the SDGs, particularly by building resilient communities.

48. The staff tackling these issues are based in the Regional Office’s headquarters in Copenhagen, Denmark, and in one of its geographically dispersed offices, the WHO European Centre for Environment and Health, in Bonn, Germany. A group of highly regarded internal and external experts reviewed the Centre’s performance in the first half of 2016 and rated its technical, ethical and scientific work as outstanding.

Sixth Ministerial Conference on Environment and Health and the European Environment and Health Process

49. Much of the Regional Office’s work under the European Environment and Health Process (EHP) in 2016–2017 culminated in the Sixth Ministerial Conference on Environment and Health, held in Ostrava, Czech Republic, in June 2017. The Ministerial Conference was hosted by the Government of the Czech Republic – represented by its ministries of health, environment and foreign affairs, the Moravian-Silesian Region and the City of Ostrava. This was the first EHP conference to be co-organized with UNECE and the United Nations Environment Programme (UNEP). The 670 participants included 350 delegates of 48 WHO Member States – 46 from the European Region, and representatives of stakeholders such as the European Commission, the European Environment Agency, the Joint Research Center, the European Committee of the Regions, the Regional Environmental Center for Central and Eastern Europe, UNDP, UNECE, UNEP, the Central Asia Regional Economic Cooperation, NGOs from different sectors and young people’s organizations, such as the European Environment and Health Youth Coalition. In addition, 200 observers from 24 Member States attended, including numerous representatives of regions and municipalities, the WHO European Healthy Cities Network and the WHO Regions for Health Network.

50. The Sixth Ministerial Conference, the most recent major milestone of the EHP, took stock of the changed geopolitical, socioeconomic and demographic conditions in the European Region, defined environment and health priorities for 21st-century Europe and leveraged the EHP as a platform for the coordinated implementation of the 2030 Agenda and Health 2020 by focusing on the protection of vulnerable groups, improved governance, intersectoral work and rights-based approaches to addressing key health determinants. Participating Member States adopted a focused and target-based political declaration, signed on their behalf by the Minister of Foreign Affairs of the Czech Republic and the Regional Director, in which they committed themselves to develop national portfolios of action on environment and health by the end of 2018. The Ostrava Declaration on Environment and Health was negotiated through a broad and inclusive consultative process steered by the European Environment and Health Task Force. This process comprised both political negotiations – with input from the SCRC and spearheaded by the Task Force through face-to-face meetings in November 2016 and April 2017 and through web-based consultations – and consultations on technical issues – involving scientists, experts, stakeholders and representatives of Member States. These consultations provided the scientific evidence

underpinning the political negotiations and addressed seven interconnected thematic priorities identified by Member States as defining the European environment and health agenda of the future:

- (a) improving indoor and outdoor air quality for all, through actions to meet the values of the WHO air quality guidelines;
- (b) ensuring universal, equitable and sustainable access to safe drinking-water, sanitation and hygiene for all and in all settings, while promoting integrated management of water resources and the reuse of safely treated wastewater, where appropriate;
- (c) minimizing the adverse effects of chemicals on human health and the environment by: replacing hazardous chemicals with safer alternatives, including non-chemical ones; reducing the exposure of vulnerable groups to hazardous chemicals, particularly during the early stages of human development; strengthening capacities for risk assessment and research to secure a better understanding of human exposure to chemicals and the associated burden of disease; and applying the precautionary principle where appropriate;
- (d) preventing and eliminating adverse environmental and health effects, costs and inequalities related to waste management and contaminated sites, by seeking to eliminate uncontrolled and illegal waste disposal and trafficking and to ensure the sound management of waste and contaminated sites in the context of transition to a circular economy;
- (e) strengthening adaptive capacity and resilience to health risks related to climate change and supporting measures to mitigate climate change and achieve health co-benefits in line with the Paris Agreement;
- (f) supporting the efforts of European cities and regions to become healthier and more inclusive, safe, resilient and sustainable through an integrated, smart and health-promoting approach to urban and spatial planning, mobility management, the implementation of effective and coherent policies across multiple levels of governance, stronger accountability mechanisms and the exchange of experience and best practices in line with the shared vision established by the New Urban Agenda; and
- (g) building the environmental sustainability of health systems and reducing their environmental impact through such means as efficiency in the use of energy and resources, sound management of medical products and chemicals throughout their life-cycle and reduced pollution through safely managed waste and wastewater, without prejudice to the sanitary mission of health services.

51. The two annexes to the Ostrava Declaration comprise a compendium of actions to advance the implementation of the Ostrava Declaration and revised institutional arrangements for the EHP after 2017. Countries use the former to build national portfolios of action on the seven priority areas, with a strong national coordination mechanism that includes all stakeholders and representatives of the different levels of government. The latter proposes that the Task Force become the sole governance mechanism for the EHP, supported by a bureau and meeting once a year, with the convening of separate, high-level events on issues of interest to ministers as needed and with the next Ministerial Conference taking place between 2023 and 2025. Member States expressed strong interest in establishing a joint WHO-UNECE secretariat for EHP; the Regional Office has supported the proposal and the UNECE

Executive Committee will decide on its response in 2018, based on the availability of resources.

52. The Regional Office launched new publications at the Sixth Ministerial Conference, including a background document on the status of the environment and health in Europe, a series of 11 fact sheets on environment and health priorities, an examination of the role of cities and a special issue of the Regional Office's journal, *Public Health Panorama*, with 12 original papers supplying evidence and information on the areas of work addressed by the Ostrava Declaration.

Partnership with UNECE

53. The Regional Office's longstanding partnership with UNECE has focused not only on the EHP but also on the implementation of three conventions on environment and health, and multisectoral action carried out through the Transport, Health and Environment Pan-European Programme (THE PEP). In 2016, a report in *Public Health Panorama* described the results of 14 years of work through THE PEP; engaging all three sectors on an equal footing and enabling governments to work through sustainable and healthy transport policies to pursue the highest level of health and well-being for all, a better environment and efficient transport. Experience from THE PEP has provided a practical example for similar processes to follow on intersectoral work linking international commitment and national action.

54. In July 2016, the Austrian Federal Minister of Agriculture, Forestry, Environment and Water Management gave an award to the Regional Office for Europe and UNECE for their support of and achievements under THE PEP. THE PEP's work in 2016–2017 included a Regional Office publication on a study, conducted with UNECE and UNEP, on jobs associated with cycling; a meeting held in Serbia in March 2017, at which representatives from ministries and international organizations, with practitioners of sustainable mobility in tourism, discussed the development of national transport, health and environment action plans to address mobility challenges; and a side event at the Ostrava Conference on scaling up active mobility in the European Region.

55. The Regional Director spoke at UNECE's Eighth Environment for Europe Ministerial Conference, held in Georgia in June 2016. The Conference and its declaration provided valuable input to the Sixth Ministerial Conference on Environment and Health. A statement from the Regional Director was presented to the Meeting of the Parties to the Espoo Convention on Environmental Impact Assessment in a Transboundary Context and its Protocol on Strategic Environmental Assessment, held in Belarus in June 2017.

Technical work

56. Underpinning and extending the focus of the Sixth Ministerial Conference on Environment and Health, the Regional Office's technical work on environment and health has addressed cross-cutting issues as well as the technical themes of the Conference.

Cross-cutting issues in environment and health

57. The Regional Office has tackled such cross-cutting issues as environmental health impact assessment, equity, economics and research. In 2016, the Regional Office published

the findings of a technical meeting that discussed models for and the practice of health impact assessment and how to enhance the coverage of health in environmental assessments of policies, plans, programmes and projects, in order to develop a resource for Member States. Participants comprised leading experts from national ministries of health and other sectors, affiliated institutes and academe, and staff of the European Commission Directorate-General for the Environment, UNECE and the European Investment Bank, as well as WHO headquarters and the Regional Office for Europe. In addition, the Regional Office presented some of the available tools for integrated environment and health impact assessment at multisectoral workshops held in the Czech Republic, Estonia and Poland in 2016 and 2017 and sought to facilitate the development of a new online knowledge sharing platform to bring together the communities involved in assessments of health and environmental impacts.

58. The Regional Office includes environmental health equity among the issues being addressed by its working group on the planned status report on health equity (see the section on better health for Europe) and held an expert consultation in Bonn, Germany, in May 2017, funded by the Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety, to revise its draft resource package on environmental equity, to recommend the best ways to present data and key messages on its status in the Region and to identify how best to compile and use data on intracountry differences.

59. The Regional Office's Environmental Health Economics Network, with about 100 members, prepared a publication on asbestos, which was launched at the Ostrava Conference. The extended Network, which includes UNECE, UNEP, the United Nations Industrial Development Organization, the European Commission, the European Environment Agency, the World Bank, the European Investment Bank and private-sector representatives, plans to address the transition to a green and circular economy, and its positive and negative consequences for health and the environment at its meeting in October 2017.

60. The Regional Office held an expert consultation on how to set research priorities in environment and health, organized with the Portuguese Ministry of Health, the National Health Institute and the Medical School of the University of Lisbon in Portugal in April 2017. This supported the work of the European Advisory Committee on Health Research (see the section on health information).

Priorities for the 21st century

Air pollution

61. The Regional Office's work on air pollution, the most important environmental risk factor in the European Region, focuses on supporting Member States to measure the impact of air pollution and to set guidelines and meet limit values to protect health. In 2016, the Regional Office published on the concepts, scope and general principles of health risk assessments of air pollution and introduced the AirQ+ software, which countries can use to quantify the health effects of exposure. AirQ+ estimates the effects of short-term changes in air pollution and the effects of long-term exposures, including estimates of the reduction in life expectancy. As part of the 19th annual meeting of the Joint Task Force on the Health Aspects of Air Pollution under the UNECE Convention on Long-range Transboundary Air Pollution – held in Bonn, Germany, in May 2016 and chaired by WHO – the Regional Office held an interactive workshop to train participants (representatives of Member States, the European Commission, civil society and academe) and invited guests in using the new

software. The 20th meeting of the Joint Task Force, in May 2017, showed the sustainability of this intersectoral and multistakeholder process.

62. In 2016, the Regional Office joined the work to update WHO's global air quality guidelines, a project requested by the World Health Assembly and supported by the European Commission Directorate-General for the Environment, the German Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety, the Swiss Federal Office for the Environment and the United States Environmental Protection Agency. WHO published the results of a global consultation on the latest available evidence on the health effects of several pollutants and interventions to reduce air pollution in 2016, and reviewed the development of the series of WHO air quality guidelines and described current WHO activities and their future directions in 2017.

Water, sanitation and hygiene

63. To ensure integrated, sustainable and safe water, sanitation and hygiene for all, the Meeting of the Parties to the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes – held in Switzerland in November 2016 and jointly supported by the Regional Office and UNECE – launched work to increase resilience to climate change and to address water, sanitation and hygiene in schools and health care facilities. The Parties also highlighted how the Protocol can best fulfil its role in supporting countries and other stakeholders in achieving the SDGs. Also in November 2016, the Regional Director described the public health and economic case for ensuring a safe water supply, and highlighted the urgency of multisectoral action, while participating in a high-level panel at the Budapest Water Summit in Hungary.

64. The Regional Office published books on water, sanitation and hygiene in schools and their importance to students' health and education, and described the key findings at a side event during the Paris conference to strengthen cooperation between the health, education and social sectors. Further publications aimed to inspire practitioners, policy-makers and other stakeholders to take action to improve policies and programmes on rural water supply and sanitation, which can assist in achieving SDGs 3 and 6. The Regional Office also supported the efforts of individual countries, for example, with an assessment of the rural water supply in Serbia and the scaling up of water safety planning in Tajikistan.

Chemical safety

65. Work to promote chemical safety focused on contributing to the Ostrava Conference and to the development of a global roadmap to enhance the health sector's engagement in the Strategic Approach to International Chemicals Management, as requested by the Sixty-ninth World Health Assembly. The Regional Office held a meeting in Germany in July 2016 to explore integrated approaches to protect health through the sustainable use of chemicals. Focusing particularly on vulnerable population groups and life stages, the participants – representatives of 27 Member States, experts and stakeholders, including the Agency for Food, Environmental and Occupational Health and Safety (France), the European Commission, the Health and Environment Alliance, and two NGOs (the Centre of Environmental Solutions (Belarus) and Women in Europe for a Common Future) – discussed priority actions within the relevant global and regional policies and initiatives, including the SDGs. The meeting and the discussion on chemical safety by RC66 had facilitated the

development of the roadmap, which was adopted by the Seventieth World Health Assembly in May 2017.

66. The Regional Office also led a project to develop a global plan for the human biomonitoring of mercury exposure, and pilot-tested the setting up of national registers of hazardous chemicals.

Waste management and contaminated sites

67. Preparations for the Ostrava Conference included a meeting, held in Germany in October 2016, to agree on priority actions for waste management. Participants comprised representatives of 14 Member States (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, the Czech Republic, Finland, Georgia, Germany, Kazakhstan, Lithuania, Romania, Serbia and Tajikistan) and researchers, advisors and specialists in waste, toxicology, hygiene and environmental health. Participants reached consensus on priority action to abate human exposure to waste-related hazards and to promote sustainability and the circular economy, while preventing the recycling of toxic agents, and formulated health arguments for further implementation of the European Union waste hierarchy, including in countries outside the European Union.

68. The Regional Office co-organized the First International Training School on Environmental Health in Industrially Contaminated Sites, held in Greece in February 2017, for participants from 30 Member States. The event was organized with the Industrially Contaminated Sites and Health Network of the EU-supported European Cooperation in Science and Technology (COST) Action IS1408 and coordinated by the WHO Collaborating Centre for Environmental Health in Contaminated Sites at the National Institute of Health of Italy.

Climate change

69. The fifth meeting of the WHO Working Group on Health in Climate Change – held in Germany in June 2016 and co-financed by the German Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety – also contributed to the Ostrava Conference. Participants representing 18 Member States, the United Nations Framework Convention on Climate Change, the European Commission Directorate-General for Climate Action, the Health and Environment Alliance and staff of the WHO regional offices for Europe and the Eastern Mediterranean reviewed updated evidence on climate change and mechanisms to advance action on it under the SDGs and the United Nations Framework Convention on Climate Change, and discussed desirable regional priority targets on health and climate change.

70. At the Second Global Conference on Health and Climate, held in Paris, France, in July 2016, Member States identified priorities to accelerate momentum in building health systems' capacity and creating climate resilient societies as part of the agenda to implement the Paris Agreement. As described in the section on better health for Europe, the members of the Small Countries Initiative committed themselves to addressing climate change in October 2016. Finally, the Regional Office published a book on a range of measures to protect health from the consequences of floods in conjunction with the Ostrava Conference.

Urban health

71. To encourage sustainable and health-promoting cities, the Regional Office provided an information package for local practitioners on urban green spaces. These spaces offer many public health benefits, including psychological relaxation and stress reduction, enhanced physical activity and a potential reduction in exposure to air pollution, noise and excessive heat. The Regional Office summarized the evidence on the health benefits, discussing pathways to health and evaluating health-relevant indicators, and identified the components of interventions that maximize the environmental, health and equity benefits. Through a consultative process that included a meeting in Germany in June 2016 and a stakeholder consultation in the Netherlands in December 2016, the Regional Office worked with representatives of cities and networks of local authorities, intergovernmental organizations and agencies (UNECE, UNEP, the United Nations Human Settlements Programme, the Regional Environmental Center for Central and Eastern Europe, the European Commission and the European Committee of the Regions) and Member States to build consensus on specific actions, commitments and initiatives for European cities. The results include a publication launched at the Sixth Ministerial Conference on Environment and Health.

72. The Regional Office worked to develop WHO guidelines for environmental noise, assessing sources (such as aircraft, railways, roads, wind turbines and personal electronic devices), considering particular settings (such as residences, hospitals, educational settings and public venues) and reviewing the evidence on the health benefits of mitigation and interventions to decrease levels of noise. The WHO guidelines are compatible with the indicators used in Directive 2002/49/EC of the European Parliament and of the Council of 25 June 2002 relating to the assessment and management of environmental noise.

Environmental sustainability in health systems

73. The Regional Office's work to address the seven priority areas identified in the Ostrava Declaration included publishing a review of evidence that provides a compelling rationale for fostering environmental sustainability in health systems (see the section on strengthening people-centred health systems). Since improved environmental sustainability can yield benefits for patients, practitioners, health system functions and the environment, and supports the strategic objectives of Health 2020, the Regional Office held the latest in a series of technical and policy workshops on the subject at the WHO European Centre for Environment and Health in Germany in October 2016. Experts in health systems and representatives of Member States, United Nations agencies and NGOs discussed the promotion and management of environmental sustainability in health systems and provided input to the Ostrava Conference.

Health emergencies, antimicrobial resistance and communicable diseases: leadership, challenges and successes

74. In 2016–2017, the Regional Office worked with Member States and partners, particularly European Union institutions, to take a unified global approach to health emergencies. It continued its leadership in combating the global public health threat of antimicrobial resistance (AMR), and responded to challenges and celebrated successes in tackling communicable diseases. As with most of its technical work, the Regional Office's efforts combined the development and implementation of Region-wide strategies, agreed after

wide consultation with Member States and partners and either preceding or aligned with global strategies, with technical assistance tailored to countries for surveillance and reporting, improved diagnosis and stronger health systems. The European Region took concerted action, often under global frameworks, to address these challenges and to achieve the Health 2020 targets and the SDGs.

Health emergencies: unified approaches

75. The Regional Office took unified approaches to assist Member States in strengthening their preparedness for, surveillance of and responses to health emergencies.

Reform of WHO's work in outbreaks and emergencies: walking the talk

76. Leadership by the WHO Director-General, support from the Global Policy Group and input from throughout WHO, including the Regional Office and country offices, and partner organizations resulted in the creation of the new WHO Health Emergencies Programme, which began operations on 1 October 2016, working in synergy with all WHO technical programmes and partners. The new Health Emergencies Programme, with its single workforce, workplan, budget, administration and line of accountability, updates WHO's mandate from a primarily technical and normative agency to a fully operational organization addressing the full cycle of health emergency management. In the European Region, the Health Emergencies Programme's priorities are:

- to support all-hazards, interdisciplinary national preparedness for health emergencies;
- to strengthen countries' core capacities to implement the International Health Regulations (IHR) (2005), while ensuring linkages with health systems and essential public health functions; and
- to assist Member States to draw up their own national health plans and coordinate joint external evaluations, after-action reviews, simulation exercises, risk and needs assessments, emergency risk communications and infectious-hazards management.

77. To ensure that Member States are fully informed and to secure their input, the Regional Office included discussions of the Health Emergencies Programme on the RC66 agenda and held an informal briefing on it before the session began. The Regional Committee welcomed the Health Emergencies Programme, stressing the crucial role of WHO in coordinating prompt action and providing authoritative information during health emergencies and expressed concern about the shortfall in its financing.

Response to emergencies and public health threats

78. The Regional Office is constantly on the alert; its health emergency information and risk-assessment team operates at all times, screening more than 15 000 signals every year to detect public health events on time, in close collaboration with Member States and partners, including European Union institutions and agencies. The Regional Office assesses about 10% of the screened signals in more detail. Between 1 January 2016 and 20 June 2017, the team classified 55 acute public health events as having serious public-health impact and/or potential international implications. It conducted detailed risk assessments of these events, using the global WHO methodology. Eighteen events triggered WHO to provide support to Member States' response. The Regional Office also supported Member States in developing

or improving their capacity for risk assessment and provided timely and effective emergency risk communications to targeted audiences.

Two large-scale, protracted emergencies

79. In 2016–2017, the Regional Office responded to protracted emergencies in the Syrian Arab Republic and Ukraine.

80. The “whole of Syria” approach, managed by the Regional Office from its field office in Gaziantep, Turkey, brought together health and humanitarian stakeholders working in both countries to increase the effectiveness of their response. WHO provided a wide range of medical training and vaccination campaigns, supported early-warning systems for diseases, maintained supply lines for medicines and medical supplies to health care facilities in northern areas of the country; and advocated increased political and donor attention and humanitarian support. WHO was actively involved in the medical evacuation of people with severe illnesses to Turkey for treatment. WHO led the health cluster with Save the Children for northern areas of the Syrian Arab Republic.

81. WHO programmes in Turkey, which support almost 3 million refugees (mainly from the Syrian Arab Republic), were funded by European Civil Protection and Humanitarian Aid Operations, the United Nations Office for the Coordination of Humanitarian Affairs, and the governments of China, Kuwait, Norway and the United States of America. In Turkey, WHO supported immunization campaigns carried out by the Turkish Ministry of Health and the maintenance of supply lines for medicines and supplies to health care facilities. It helped the Ministry and health sector partners to ensure access to high-quality health services for refugees in Turkey through 85 migrant health centres. This work included training 850 Syrian health staff to work in the centres and training both Syrian and Turkish physicians in mental health services and diagnosing and treating diabetes, asthma, hypertension, pulmonary diseases and other NCDs. In May 2017, the Regional Director inaugurated the first training centre on refugee health in Ankara, Turkey. WHO also supported the Ministry of Health in communicating with host communities and providing public health advice to refugees.

82. In Ukraine, 1.4 million of the 5 million people affected by the crisis were considered to be highly vulnerable and in need of humanitarian health assistance. WHO continued to lead the health and nutrition cluster in Kyiv, working through three field offices (two in areas not controlled by the Government and one located close to the contact line) to provide primary health care (PHC) services, medicines, ambulances and other essential medical items. In partnership with European Civil Protection and Humanitarian Aid Operations and the governments of Canada, Israel, Italy and Norway, WHO accelerated its support and increased human resources to deliver medical supplies and medicines to treat hundreds of thousands of people. The response operations in Ukraine focused on recovery and rehabilitation, and development of the health system and were supported by advocacy and communications efforts.

Zika virus disease

83. The outbreak of Zika virus disease provided an opportunity to test the WHO Health Emergencies Programme’s new response procedures. The Regional Office established an incident management system for the Region, following the global structure, immediately after the WHO Director-General declared the consequences of the outbreak a public health

emergency of international concern under the IHR (2005) in February 2016. The Regional Office published a Zika virus risk assessment for the European Region to support Member States in targeting preparedness work and prioritizing activities for early detection and response in May 2016 and held a European technical consultation in Lisbon, Portugal, in June 2016. Eighty participants from 18 countries in the European Region recommended better integration of all four pillars of Zika virus response – vector control, disease surveillance, laboratory testing and emergency risk communications – and called on the Regional Office to support Member States with guidance, standards, templates and training.

84. In December 2016, the Regional Office hosted a global meeting on classifying countries according to the risk posed by the Zika virus, aimed at reaching a consensus on common classification by WHO and key partners, including the United States Centers for Disease Control and Prevention (CDC) and ECDC. WHO published the updated classification scheme in March 2017.

85. Although no autochthonous Zika virus transmission was detected in the European Region, the Regional Office continued to monitor the situation closely. It also worked to build countries' capacities to deal with invasive mosquitoes and re-emerging vector-borne diseases, for example, by publishing guidance on emergency risk communications on Zika and mosquito-borne diseases.

Operational partnerships

86. The Regional Office supported Member Countries to strengthen their capacities for emergency preparedness and response through partnerships. For example, the Regional Director and the Minister of Health of Turkey signed a host agreement in May 2017 to establish a new geographically dispersed office, the WHO Office for Humanitarian and Health Emergencies Preparedness, in Istanbul. The Office expands WHO's capacity to support Member States by focusing on strengthening capacities to implement the IHR (2005) and standards for emergency medical teams, multicountry simulation exercises and cooperation with experts in NCDs.

87. In 2016, WHO launched the Emergency Medical Teams Initiative to assist countries and organizations to strengthen health systems' response by coordinating the deployment of high-quality medical teams in emergencies. These expert teams provide direct clinical care to affected populations in accordance with WHO standards. WHO visited six teams in the European Region to verify their adherence to internationally agreed standards. Training activities in the Region included the first WHO Emergency Medical Team Coordination Cell training in July 2016 and June 2017, and a regional workshop to train participants from Kazakhstan, Kyrgyzstan, Tajikistan, and Turkmenistan to increase their capacity to deal with emergencies that require international emergency medical teams. The Regional Office also helped to plan and took part in several simulation exercises to test the deployment and coordination of emergency medical teams under field conditions, in Turkey in May 2016, in Norway in September 2016, and in Sweden in April 2017.

88. In cooperation with the Russian Federal Service for Surveillance on Consumer Rights Protection and Human Wellbeing and with support from the Government of the Russian Federation, WHO headquarters and the Regional Office organized the first European regional meeting of the Global Outbreak Alert and Response Network in Saint Petersburg in October 2016. Over 100 experts in outbreak response from more than 40 countries called for full

implementation of the plans for further development of the Global Outbreak Alert and Response Network and a dialogue with partners – particularly those from eastern European and Russian-speaking countries – to strengthen Europe’s contribution to international outbreak response.

89. As part of the One Health initiative and to support implementation of the IHR (2005), the Regional Office supported an intersectoral approach to the prevention and control of foodborne and zoonotic infections. It held workshops and/or provided direct technical support to Albania, Croatia, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Ukraine and Uzbekistan, and to Kosovo (in accordance with United Nations Security Council resolution 1244 (1999)). Partners in this work included ministries, food safety agencies and public health authorities in countries, WHO country offices, the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (OIE).

90. Finally, to provide consistent guidance and tools to Member States, the Regional Office strengthened the coordination of emergency risk communications with the European Commission and ECDC.

Managing infectious hazards

91. The Regional Office continues to support Member States in infectious-hazards management, preventing and controlling high-threat pathogens, such as Ebola virus, Middle East respiratory syndrome coronavirus and pandemic influenza. For example, it made a systematic review of peer-reviewed and grey literature on outbreaks of such pathogens, covering the period 2006 to 2015.

92. As part of the implementation of the global Pandemic Influenza Preparedness (PIP) Framework, in partnership with CDC and ECDC, and working through surveillance networks (including the Southeast European Center for Surveillance and Control of Infectious Diseases) and WHO collaborating centres in several countries, the Regional Office provided technical assistance with:

- influenza and other respiratory pathogens to 15 Member States – Albania, Armenia, Bosnia and Herzegovina, Georgia, Kyrgyzstan, Lithuania, the Republic of Moldova, Montenegro, Romania, Serbia, Tajikistan, the former Yugoslav Republic of Macedonia, Turkmenistan, Ukraine and Uzbekistan – and to Kosovo (in accordance with United Nations Security Council resolution 1244 (1999)); and
- laboratory services to 11 Member States as part of the Better Labs for Better Health initiative (see the section on strengthening people-centred health systems) – Armenia, Kyrgyzstan, Lithuania, Malta, Montenegro, the Republic of Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.

93. In September 2016, the Regional Office held a workshop to plan the PIP Framework’s implementation in 2017 in the five countries in the European Region that receive funds from its Partnership Contribution mechanism – Armenia, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. The Regional Office provided technical assistance that resulted in all five countries finalizing national guidelines for influenza surveillance, outbreak investigation and response, and clinical management of severe disease due to influenza. The Regional Office held a workshop on pandemic preparedness for the newly independent states of the former

Soviet Union in Georgia in November 2016 to review vaccine strategies and enhance cross-border collaboration.

94. The Regional Office conducted surveillance of influenza with ECDC and published data from its regional influenza laboratory network in a weekly bulletin. The Regional Office also contributed to global WHO guidance and initiatives on the topic: the completion of guidance on the management of pandemic influenza risk; recommendations on the influenza strains to include in the vaccine for the 2016–2017 season in the northern hemisphere; estimates of the disease and economic burden of influenza; and strategies for increasing risk groups' access to and uptake of seasonal influenza vaccine. The Regional Office published country profiles on surveillance in 2016 and has plans to publish country profiles of vaccination policies and uptake on the European Health Information Gateway (see the section on health information) by the end of 2017. With funding from the PIP Framework, the Regional Office arranged for participants in the surveillance network from Greece, Kazakhstan, the Republic of Moldova, the Russian Federation, Serbia and Slovenia to share their countries' results at Options IX for the Control of Influenza Conference, the largest international conference on influenza prevention, control and treatment, held in Chicago, United States of America, in August 2016.

95. Using the WHO Tool for Influenza Pandemic Risk Assessment, the Regional Office participated in multiple rounds of a process to estimate risk and determine whether currently known zoonotic influenza viruses have the ability to cause a pandemic.

96. The Regional Office's work to increase access to and uptake of seasonal influenza vaccine is carried out by conducting annual surveys of all 53 Member States, using a joint reporting form, in coordination with a project led by ECDC. The Regional Office plans to produce an analysis of seven years of data to understand pandemic trends since 2009 and to identify gaps in vaccination coverage. To promote vaccination against seasonal influenza, the Regional Office conducted its annual Flu Awareness Campaign in October 2016, focusing on health-care workers and vulnerable groups, such as people who are pregnant or elderly or have chronic conditions. Twelve Member States (four more than in 2015) held campaigns – Bulgaria, Croatia, Estonia, Georgia, Latvia, Lithuania, Poland, Portugal, Romania, Slovakia, Slovenia and Ukraine. Using WHO's TIP FLU approach (an adaptation of the Tailoring Immunization Programmes (TIP) approach applied to influenza), Lithuania increased the uptake of seasonal influenza vaccine in pregnant women over two influenza seasons.

97. The Regional Office was instrumental in ensuring that four additional countries – Armenia, Bosnia and Herzegovina, Georgia and the former Yugoslav Republic of Macedonia – became eligible to receive bilateral funding from CDC for surveillance and response to influenza. Albania, Kyrgyzstan, the Republic of Moldova and Ukraine, and Kosovo (in accordance with United Nations Security Council resolution 1244 (1999)) already receive such funding.

98. In 2017, the Regional Office published guidance on the prevention and control of influenza in long-term care facilities.

Assisting Member States to prepare for health emergencies

99. The Regional Office has assisted Member States to prepare for and prevent health emergencies and to strengthen their public health services. It analysed the results of three simulation exercises in Turkmenistan to help the Ministry of Health and Medical Industry

prepare for the 5th Asian Indoor and Martial Arts Games, to be held in Ashgabat in September 2017, and to build the capacity of the country's public health services during and after the event. Representatives of the Regional Office, UNESCO, UNFPA, UNICEF and other international and national participants attended a conference on using sports and high-profile sporting events such as the forthcoming Games to promote healthy diets, physical activity and gender equality in Ashgabat in April 2017 (see the section on applying the life-course approach). Similarly, the Regional Office assisted Ukraine in preparing for the Eurovision Song Contest, held in Kyiv in May 2017, by assessing hospital safety and providing training on public health at mass gatherings. WHO experts participated in a conference in April 2017 hosted by the Fédération Internationale de Football Association (FIFA) and the local organizing committee on promoting sport and a healthy lifestyle, and ensuring a tobacco-free environment during the preparations and staging of the 2017 FIFA Confederations Cup and the 2018 FIFA World Cup in the Russian Federation (see the section on applying the life-course approach).

100. The Regional Office used the WHO Hospital Safety Index to assess the resilience to emergencies of 140 hospitals in 17 Member States in 2015–2017; this included training 93 experts – physicians, civil and maintenance engineers and emergency planning experts – from 17 European and six non-European countries. Assessments and training took place in Albania, Georgia, Kazakhstan, Kyrgyzstan, Malta, the Republic of Moldova, Slovenia, the former Yugoslav Republic of Macedonia, Turkmenistan and Uzbekistan. The training in Albania also involved experts from Bosnia and Herzegovina, Montenegro, Serbia and the former Yugoslav Republic of Macedonia. The training in Slovakia, which was financially and technically supported by WHO headquarters, enrolled experts from 10 countries in three WHO regions: Europe (Belarus, Belgium, Slovakia and Ukraine), South-East Asia and Africa. The Regional Office plans further work with countries using the Hospital Safety Index in 2017.

101. The Regional Office assisted Malta and Serbia in updating their national plans for health emergencies and assessed health system capacities for crisis management in Azerbaijan and Malta. To link emergency preparedness with health systems and essential public health functions, the Regional Office began developing a database for vulnerable countries in the Region linking information on preparedness, health systems and economic, demographic and other relevant data.

102. The Regional Office helped to formulate and distribute guidelines and checklists for health ministries on how to prepare the health system for adverse effects of floods; assisted Georgia, Kyrgyzstan and Tajikistan in earthquake simulation exercises led by the United Nations Office for Coordination of Humanitarian Affairs; and worked to place emergency health kits in countries prone to natural and non-natural hazards – Armenia, Bosnia and Herzegovina, Georgia, Kyrgyzstan, the Republic of Moldova, Tajikistan and Uzbekistan.

103. The Regional Office developed a five-step package to assess countries' capacities for handling emergency risk communications, including their ability to develop, test and adopt plans. Capacity-building initiatives were conducted in Kazakhstan, the Republic of Moldova, Sweden, Turkey, Turkmenistan and Ukraine and more are planned for 2017 in Albania, Armenia, Estonia, Georgia, Kyrgyzstan, Romania, Serbia, Slovakia, Slovenia and Uzbekistan, and in Kosovo (in accordance with United Nations Security Council resolution 1244 (1999)).

Advancing implementation of the IHR (2005) in the European Region

104. In 2016–2017, the Regional Office carried out a range of activities to support Member States to build their core capacities to implement the IHR (2005).

Monitoring and evaluation of core capacities

105. The Regional Office accelerated the use of the IHR (2005) with the guidance of a SCRC subgroup. It reviewed the operational use of the IHR (2005) through the reporting of public health events and pursued the four main elements of the monitoring and evaluation framework – annual reporting, after-action reviews, simulation exercises and joint external evaluations – to help countries make national plans to further develop their core capacities.

106. Albania, Armenia, Kyrgyzstan and Turkmenistan completed joint external evaluations by the end of 2016; Belgium, Latvia and Slovenia completed such evaluations in 2017. The evaluations identified strengths and gaps in IHR core capacities and links with health systems, as well as showing the importance of multisectoral collaboration. As a follow-up to the recommendations of the joint external evaluations, the Regional Office planned, conducted and assessed three simulation exercises on the handling of an outbreak of an infectious disease in Turkmenistan in March 2017 and supported the development of a national action plan in Kyrgyzstan in June 2017.

107. The Regional Office produced a handbook for after-action reviews and pilot tested it in the Netherlands in mid-2017. The handbook forms the basis for a global tool under development by WHO headquarters. The Regional Office requested Member States to nominate experts in conducting external evaluations to the global roster of experts. The first annual meeting of national IHR focal points was held in Saint Petersburg, Russian Federation, in February 2017. The meeting drew attention to the need for national IHR focal points to be acknowledged by and to work closely with all government sectors, as such action would ensure adequate preparedness in responding to major threats.

108. The Regional Office began developing a report on accelerating the implementation of the IHR (2005) to help operationalize the draft global implementation plan by adapting it to the regional context. The report, which will be submitted to RC67, could also form the basis for the development of a regional action plan.

European leadership in AMR

109. Due to the commitment of Member States, the European Region has continued to lead the way and provide inspiration, experience and expertise to the global efforts to combat AMR (see the section on strengthening people-centred health systems). Like the European Strategic Action Plan on Antibiotic Resistance (2011), the Global Action Plan on Antimicrobial Resistance (2015) urges Member States to develop national action plans; a call echoed by the 71st session of the United Nations General Assembly in September 2016 and the Seventieth World Health Assembly in May 2017. The Regional Office held a workshop with FAO and OIE in Turkey in March 2016 for seven Member States (Albania, Belarus, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan and Uzbekistan) in the early stages of developing national action plans on AMR. The Regional Office also facilitated the formation of national intersectoral working groups and national meetings of stakeholders, and supported the drafting and review of plans in other Member States, including Azerbaijan,

Bulgaria, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Serbia, Tajikistan, Turkey, Turkmenistan, Ukraine and Uzbekistan. The Regional Office worked with partners in the Netherlands – with the Royal Tropical Institute in February 2016 and with the National Institute for Public Health and the Environment in March 2017 – to train consultants to assist countries with AMR work. The first event focused on the implementation of quality management systems for AMR in laboratories. The second was a training-of-trainers workshop, involving staff from WHO headquarters and the regional offices for Europe, the Eastern Mediterranean and South-East Asia, and the Pan American Health Organization.

110. The Central Asian and Eastern European Surveillance of Antimicrobial Resistance (CAESAR) network – a joint initiative of the Regional Office, the European Society of Clinical Microbiology and Infectious Diseases and the National Institute for Public Health and the Environment of the Netherlands – expanded its work in 2016–2017. During World Antibiotic Awareness Week in 2016 (see below), the Regional Office published the CAESAR network’s second annual surveillance report, which is the first report to provide an overview of AMR in the 37 Member States that collect national data in the Region; it includes maps with data from both CAESAR and the European Union’s European Antimicrobial Resistance Surveillance Network, coordinated by ECDC. The CAESAR network continues to support the other Member States in strengthening their surveillance capacity through training and pilot projects in order to achieve Region-wide coverage. The Regional Office and its partners held annual CAESAR network meetings in the Netherlands in 2016 and in Austria in 2017, and supported national CAESAR network meetings in Albania, Armenia, Belarus, Bosnia and Herzegovina, Georgia, Montenegro, Serbia, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey and Ukraine, as well as in Kosovo (in accordance with United Nations Security Council resolution 1244 (1999)). The Regional Office completed a pilot proof-of-principle study in December 2016. The study was designed to introduce sustainable practices for routine sampling in a country to improve patient treatment (antibiotic stewardship) and build the foundation for national AMR surveillance. A proof-of-principle study started in Armenia in 2017 and further studies have been planned in Tajikistan and Uzbekistan.

111. The experience gained through CAESAR’s activities have supported the development and implementation of the Global AMR Surveillance System, hosted by WHO headquarters.

112. In addition to work to strengthen laboratory capacity and data management, the Regional Office launched new initiatives to build health-care workers’ capacity for antimicrobial stewardship and infection prevention and control. These activities included: a table-top simulation exercise to improve hospitals’ capacity to respond to highly infectious diseases in Estonia in April 2016; a five-day training course for microbiologists and clinicians of the national AMR centre of Uzbekistan in November–December 2016; and a two-day course to provide a practical introduction to antibiotic stewardship in hospitals, in collaboration with the WHO Country Office, the European Society of Clinical Microbiology and Infectious Diseases Study Group for Antibiotic Policies and institutions in the country, in the former Yugoslav Republic of Macedonia in January 2017. The Regional Office also continues to provide guidance on the development of targeted campaigns for behavior change focusing on, for example, appropriate prescriptions of antimicrobial medicines, adhering to practices for infection prevention and control and controlling over-the-counter sales of antimicrobial medicines. The Regional Office conducted pilot tests of the guidance in Sweden and the United Kingdom in 2016, and plans further tests in Hungary, Kazakhstan and the former Yugoslav Republic of Macedonia in 2017.

113. The Regional Office – in collaboration with ECDC and other partners, particularly the Regional Office’s Patron, Her Royal Highness The Crown Princess of Denmark – supported countries in marking the second World Antibiotic Awareness Week in November 2016. Her Royal Highness not only made a statement supporting the Week but also stressed the issue of AMR when she visited the Republic of Moldova with the Regional Director in November 2016.

114. Forty-seven of the Region’s Member States reported activities during Antibiotic Awareness Week, focusing on health workers’ vital role in defending the power of antibiotics. The Regional Office provided financial support to a variety of awareness campaigns in Albania, Armenia, Bosnia and Herzegovina, Bulgaria, Croatia, Georgia, Kazakhstan, Kyrgyzstan, Lithuania, Montenegro, Poland, the Republic of Moldova, Romania, the Russian Federation, Slovakia, Slovenia, Tajikistan, the former Yugoslav Republic of Macedonia, Ukraine and Uzbekistan. The Regional Office designed the global campaign in collaboration with WHO headquarters and provided countries with campaign materials, took part in roundtable meetings and social media events, published the personal stories of health-care workers across the Region, translated Public Health England’s Antibiotic Guardian campaign into Russian to expand its reach, and urged health-care workers and members of the public across the Region to become antibiotic guardians, pledging to make better use of antibiotics to prevent them from becoming obsolete.

Combating communicable diseases: challenges and successes

115. In 2016–2017, the Regional Office responded to the challenges arising from communicable diseases, working to sustain the steady but fragile progress on the control of vaccine-preventable diseases. RC66 adopted new action plans on HIV and hepatitis, which aim to end these public health threats by 2030. Both action plans have five strategic directions: information for focused action; interventions for impact; delivering for equity; financing for sustainability; and innovation for acceleration. The Regional Office developed these plans through its established Region-wide participatory process, with input from technical consultations and advisory committees, and by making use of feedback from Member States, partners, and civil society and patients’ organizations. A ministerial lunch at RC66 explored how the lessons learned from the eradication of poliomyelitis (polio) from the European Region could be applied to current efforts to eliminate measles and rubella, mother-to-child transmission of HIV and congenital syphilis, and to maintain the Region’s new malaria-free status. Finally, the Regional Office strengthened use of global and European health days to communicate its messages and advocate action.

Responding to the alarming HIV/AIDS situation

116. While the incidence of new HIV infections is decreasing globally, new diagnoses have risen by 75% in the European Region in the period from 2006 to 2015. Surveillance data published by the Regional Office and ECDC in 2016 indicate that the eastern part of the Region, where the number of new diagnoses has more than doubled in the previous decade, is driving the HIV epidemic – concentrated in vulnerable groups – in the Region. The number of people on antiretroviral therapy has increased, but not enough. Member States at RC66 reinvigorated their political commitment to do more, by testing and treating all.

117. Aligned with global and regional policies and strategies and building on the lessons learned from implementing the previous action plan, the Action Plan for the Health-sector

Response to HIV in the WHO European Region calls for ending the AIDS epidemic as a public health threat by securing zero new HIV infections, zero AIDS-related deaths and zero HIV-related discrimination by 2030. It calls on Member States: to review and revise their HIV strategies and targets, prioritizing key populations; to strengthen prevention and implement an essential package of services; and to strengthen political commitment and ensure sustainable financing. In welcoming the new Action Plan, Member States stressed the need to strengthen monitoring across countries, focus on high-risk groups, tackle stigma and involve civil society and groups at high risk. Representatives of the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS and several NGOs all extended their support for the Plan.

118. The Regional Office has continued its annual surveillance and reporting with ECDC, and WHO published consolidated guidelines on HIV testing services and the use of antiretroviral drugs for treating and preventing HIV in Russian. It held a workshop with ECDC and UNAIDS in April 2017 to estimate HIV incidence in countries in western and central Europe and North America.

119. The Regional Office has also focused some activities on both HIV/AIDS and viral hepatitis, such as a technical consultation on the dissemination of the WHO guidelines on both issues for the countries of eastern Europe and central Asia in Belarus in September 2016. Participants comprised the heads of national programmes on HIV and on hepatitis from 12 eastern European and central Asian countries (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan) and representatives of partner organizations, including UNAIDS, UNDP, UNFPA, UNICEF, the United Nations Office on Drugs and Crime, the United States Agency for International Development, the Global Fund, CDC, ECDC and civil society organizations. The Regional Office urged Member States to take part in the European Union's European HIV–Hepatitis Testing Week in November 2016, as many people living with HIV and/or viral hepatitis B are unaware of their status.

120. To mark World AIDS Day on 1 December 2016, the Regional Office promoted the Action Plan and the new surveillance data released with ECDC. The report reveals that the cumulative number of HIV cases in the European Region has risen above 2 million, with 153 000 new HIV cases in 2015 – the highest annual number since reporting began in the 1980s. The Regional Office has used these data to call for implementation of the HIV action plan and specific actions in different parts of the Region, in particular:

- prevention and control interventions addressing men who have sex with men in western and central European countries; and
- the delivery of integrated prevention, testing and treatment services in eastern European countries for people at risk of sexual and drug-related HIV transmission by health systems that address the social determinants of health.

121. Thirteen Member States (Armenia, Belarus, Bosnia and Herzegovina, Georgia, Kyrgyzstan, Latvia, Lithuania, the Republic of Moldova, the Russian Federation, Serbia, the former Yugoslav Republic of Macedonia, Turkey and Ukraine) shared information on their World Aids Day campaigns with the Regional Office.

122. The Regional Office worked with individual countries to implement the HIV Action Plan. Examples include combating HIV/AIDS in the former Yugoslav Republic of Macedonia through its BCA with the country – by supporting the organization of the national HIV/AIDS

awareness campaign in connection with World AIDS Day (as part of a project funded by the Global Fund) in 2016 and by supporting the development of the country's national strategy for HIV/AIDS for 2017–2021. The Regional Office has intensified its technical cooperation with the Russian Federation and Ukraine. Ukraine showed signs of stabilizing the number of new infections, as more people have access to an optimized treatment regimen and to harm-reduction for those who inject drugs. In April 2017, the Ministry of Health of the Russian Federation and WHO officially established the High-level Working Group on HIV, following the pattern of success with the Working Group on TB. The HIV Working Group facilitates national and international experts to exchange knowledge and experiences of effective interventions to address HIV, establish thematic working groups to review evidence and best practices, and make recommendations to the Ministry for further action.

123. WHO's work with UNAIDS, UNFPA and UNICEF achieved welcome success in eliminating mother-to-child transmission of HIV and syphilis. Belarus eliminated the transmission of both diseases; Armenia eliminated HIV; and the Republic of Moldova eliminated syphilis. The ministers of health of the three countries received certificates of elimination validation in June 2016. Georgia and Kazakhstan accelerated their efforts to achieve validation of elimination, and the Republic of Moldova plans to apply for validation of the elimination of mother-to-child transmission of HIV in 2017.

Responding to viral hepatitis

124. The Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region, adopted by consensus by RC66, is the first of its kind in the Region. Member States welcomed its alignment with global efforts and its provision of a concrete roadmap that countries could adapt to their circumstances and resources.

125. To end viral hepatitis as a public health threat by 2030, an increasing number of countries scaled up their responses, developing national action plans and updating national guidelines and policies with the support of the Regional Office and improving access to treatment. With ECDC and the European Monitoring Centre for Drugs and Drug Addiction, the Regional Office worked to develop a framework for monitoring countries' responses to viral hepatitis and to improve surveillance systems.

126. In addition to participating in European HIV–Hepatitis Testing Week, the Regional Office promoted awareness and action through World Hepatitis Day on 28 July 2016 by speaking out on hepatitis and sharing the stories of patients from across the Region. The theme for 2017 was elimination of the disease.

Ending TB by 2035

127. Owing to concerted efforts by Member States, WHO and partners, TB incidence in the European Region has shown the fastest decline in the world, with an average of 4.3% during 2011–2015. Nevertheless, 323 000 new cases of TB and 32 000 TB deaths occur in the European Region every year. The overall rate of successful treatment for people with multidrug-resistant TB (MDR-TB) in the Region has risen 51%, remaining far below the 75% target. These conditions call for accelerated implementation of the European Action Plan, for the Region to achieve the goal of the global End TB Strategy: ending the TB epidemic by 2035. In 2016–2017, the Regional Office worked with countries and partners at the global,

regional and country levels to strengthen prevention, diagnosis and treatment as health systems' response to TB.

128. With countries and partners, the Regional Office marked World TB Day in March 2016 and 2017. During the Netherlands' Presidency of the Council of the European Union in 2016, the Regional Office, the Office of the United Nations Secretary-General's Special Envoy on HIV/AIDS in Eastern Europe and Central Asia and the Permanent Representation of the Netherlands to the European Union held a roundtable meeting in Belgium to discuss possible next steps to more efficiently combat TB and HIV/AIDS. In addition, the Regional Office devoted the March 2016 issue of its journal, *Public Health Panorama*, to describing the situation and treatment of TB in central Asian countries. TB/HIV co-infection was the theme of World TB Day in 2017; WHO developed and shared a comprehensive advocacy and information package with Member States to support of their activities. In Ukraine, for example, the WHO Country Office carried out an advocacy campaign and held a high-level meeting.

129. In dialogue with Member States, the Regional Office provided technical input to preparations by WHO headquarters to hold a global ministerial conference on TB in November 2017. The Regional Director for Europe, the President of Slovakia and the President of the International Union Against Tuberculosis and Lung Disease opened the 7th Conference of The Union Europe Region in Bratislava in June 2016. The Regional Director's speech to the 600 participants stressed the need for intersectoral work to improve health, in line with Health 2020 and the 2030 Agenda for Sustainable Development, leaving no one behind.

Supporting surveillance, monitoring and laboratory diagnosis

130. With ECDC, the Regional Office led surveillance and the monitoring of response, and worked to strengthen countries' surveillance networks. The Regional Office and ECDC released their annual surveillance reports in March 2017, addressing the themes of World TB Day. The 2016 report stressed the importance of care for vulnerable, poor and marginalized populations, and the 2017 report showed that, despite the progress made in reducing TB incidence and mortality, new TB/HIV co-infections had increased by 40% in 2011–2015, highlighting the need for testing TB patients for HIV and vice versa, along with counselling and rapid treatment. The partners held a meeting of the European Tuberculosis Surveillance Network in the Netherlands in May 2017, to update the participants on: the status of the TB epidemic in the Region and progress towards elimination; the role of molecular typing in TB surveillance and management; and the outcomes of the analysis of TB's impact and the assessment of surveillance systems in 13 European countries. The Regional Office assessed the TB surveillance systems and analysed the epidemiological impact of the disease in Azerbaijan, Bosnia and Herzegovina, Kazakhstan, the Republic of Moldova, the Russian Federation and Ukraine, and in Kosovo (in accordance with United Nations Security Council resolution 1244 (1999)).

131. The Regional Office worked to strengthen laboratory diagnosis through its European TB Laboratory Initiative (ELI). Members of the core ELI group come from 10 countries (Armenia, Azerbaijan, Belarus, Georgia, Germany, Kyrgyzstan, the Russian Federation, Sweden, Tajikistan and the United Kingdom). ELI developed comprehensive algorithms for the diagnosis and treatment-monitoring of pulmonary TB and MDR-TB using rapid molecular

techniques recommended by WHO, with technical input from WHO headquarters, the Regional Office and the regional Green Light Committee.

132. The Regional Office held meetings of ELI core members in February and November 2016, and a joint meeting of ELI members with partners of the Better Labs for Better Health initiative (see the section on strengthening people-centred health systems) in December 2016. The November meeting was supported by the United States Agency for International Development. The joint meeting, held in Georgia, brought together more than 60 participants from over 20 countries in the Region, as well as representatives of WHO headquarters, the Regional Office and the WHO Country Office in Georgia, CDC, the Foundation for Innovative New Diagnostics, and the ECDC European Reference Laboratory Network for TB. In Georgia, the ELI core group members approved the diagnostic algorithms and ELI members exchanged knowledge and experiences with the members and partners of Better Labs for Better Health. In 2017, the Regional Office published the algorithms in English and in Russian and provided training on their use in Azerbaijan, Kyrgyzstan, the Russian Federation, Ukraine and Uzbekistan. The algorithm has been implemented in Belarus and Kyrgyzstan and is undergoing the process to secure the approval of the countries' health ministries.

Strengthening health systems' response

133. The Regional Office's work to help countries strengthen their health systems' response to TB involves a wide range of partners, takes a variety of forms and includes work with both single countries and groups. A meeting held by the Regional Office in April 2016 launched a three-year project to halt the spread of drug resistance to TB in 11 countries in eastern Europe and central Asia (EECA: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan) by increasing their political commitment, translating evidence on people-centred models of care into practice and supporting them in implementing effective systems to deliver TB services. Project partners included the Center for Health Policies and Studies of the Republic of Moldova (recipient of a grant from the Global Fund), the London School of Hygiene and Tropical Medicine and the London School of Economics and Political Science (United Kingdom), the European Respiratory Society, the Stop TB Partnership, the TB Europe Coalition and the Alliance for Public Health Ukraine. The Regional Office held a breakfast briefing during RC66 – with the participation of two other project partners – on the TB Regional EECA Project (TB-REP) to update representatives of participating countries. They agreed that TB-REP's approaches to decreasing the burden of TB helps to improve intersectoral collaboration. The Regional Office plans to hold a similar event in 2017.

134. The Regional Office set up the European Tuberculosis Research Initiative to advance TB-related research in the Region, to innovate to reduce people's suffering and to end TB. The Initiative set up a core group of 13 experts from several countries and a network of stakeholders. The Regional Office held meetings of the core group in November 2016 and January 2017 to develop a TB research agenda for the Region.

135. As the secretariat to the regional Green Light Committee for Europe, the Regional Office conducted more than 50 missions to Member States to ensure the quality of services for drug-resistant TB. With WHO country offices and Member States, the Regional Office organized two workshops to introduce new medicines and shorter treatment regimens for MDR-TB. In collaboration with the Medical Department of the Ministry of Justice of

Azerbaijan, a WHO collaborating centre on TB in prisons, the Regional Office organized three global training courses on the subject.

136. The European Technical Advisory Group on Tuberculosis Control advised WHO on how to make further progress in promoting and assisting collaboration on TB and HIV co-infection, improving the diagnosis and treatment of latent TB infection, and promoting and assisting TB elimination efforts in low-incidence countries, at a meeting held by the Regional Office in February 2017. The Regional Office began developing a compendium of good practices to facilitate the scaling up of effective interventions to prevent and control TB in correctional facilities in 2017. It planned to submit the first draft to the 15th meeting of the managers of national TB programmes in the WHO European Region during the 18th Wolfheze Workshop held by the Regional Office, the KNCV Tuberculosis Foundation and ECDC in the Netherlands in May–June 2017. With national and international partners, the Regional Office conducted comprehensive reviews of programmes for TB prevention and control in countries (Azerbaijan, Belarus, Greenland (Denmark), Kazakhstan and Ukraine) in 2016–2017.

137. The Regional Office organized an interregional workshop on TB control and care among refugees and migrants in Italy in May 2016, with the support of the Ministry of Health of Italy. Participants comprised experts from 16 Member States (with low-to-intermediate TB incidence) and Jordan, representatives of the Australian Government, ECDC, the European Respiratory Society, IOM, Stop TB Italy, the Global Fund and staff from four WHO regional offices (Europe, Eastern Mediterranean, South-East Asia and Western Pacific). The workshop facilitated an exchange of experiences among the countries on their current practices, gave an updated overview of two recently developed tools for TB screening and cross-border control and care and helped to identify priorities for future research. The Regional Office and the European Respiratory Society surveyed policies and practices for TB screening and management among refugees, publishing the results in 2017. Backed by the regional Green Light Committee, the partners created an e-consilium to provide sound and evidence-based clinical advice on the management of MDR-TB and other difficult-to-treat cases, including TB/HIV and paediatric cases.

138. To ensure sustainable financing for TB programmes, the Regional Office continues to support eligible countries such as Armenia, Azerbaijan, Belarus, Georgia, the Republic of Moldova and Ukraine in applying to the Global Fund for assistance and to support countries making the transition to domestic funding. The Regional Office analysed gaps in financing and plans to hold a workshop on financial sustainability in June 2017.

Sustaining Europe's polio-free status

139. The Regional Office continues to preserve the European Region's polio-free status in 2016–2017. European countries have achieved significant milestones in the global Polio Eradication and Endgame Strategic Plan 2013–2018, including the replacement of trivalent oral polio vaccine (OPV) with bivalent OPV or inactivated polio vaccine (IPV). In April and May 2016, 155 countries and territories across the world, including 19 European Member States, made this switch: 17 (Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Montenegro, the Republic of Moldova, the Russian Federation, Serbia, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine and Uzbekistan) changed to bivalent OPV and two (Belarus and Poland) changed to an IPV-only routine immunization schedule. The remaining 34 Member

States in the Region use IPV only. In March 2017, the Regional Office supported the containment of type-2 polioviruses by holding a training course, one of a series provided around the world, for experts auditing facilities holding stocks of the viruses for research or vaccine manufacturing.

140. With the European Civil Protection and Humanitarian Aid Operations and UNICEF, the Regional Office supported a nationwide vaccination campaign in Ukraine, which interrupted the transmission of a circulating vaccine-derived poliovirus in May 2016. To help countries prepare for possible outbreaks, the Regional Office supports polio outbreak simulation exercises; countries use them to critically review and update their national plans, including the use of IHR (2005). The Regional Office held a workshop on the exercises in Kazakhstan in August 2016, for participants from the host country, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. With UNICEF and the WHO Country Office, the Regional Office supported an exercise in Tajikistan in February 2017.

141. In response to a wild poliovirus outbreak in Afghanistan, the Regional Office supported Tajikistan in conducting two rounds of preventive vaccination with bivalent OPV in the nine border districts in April and May 2017. The campaign reported 98.8% coverage of children under 6 years of age in both rounds.

Elimination of malaria

142. In April 2016, the Regional Director proudly announced that Europe had become the first WHO region in the world to be declared free of malaria. The Regional Office convened the first high-level consultation on preventing the reintroduction of malaria in Turkmenistan in July 2016, where 50 participants from the host country, Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, the Russian Federation and Tajikistan recognized the need to sustain their vigilance, invest in strengthening health systems and continue to work together to keep the Region malaria free. As of June 2017, Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkmenistan and Turkey had signed the Ashgabat Statement, and Uzbekistan was considering signing it.

Threatened progress towards eliminating measles and rubella

143. In adopting the European Vaccine Action Plan 2015–2020, a regional interpretation of the Global Vaccine Action Plan, all 53 Member States committed to eliminating measles and rubella in the Region. Member States made excellent progress towards the goal in 2016: the European Regional Verification Commission for Measles and Rubella Elimination concluded in October 2016 that:

- 37 countries had interrupted endemic measles transmission, and 24 of these had eliminated the disease; and
- 14 countries remained endemic for measles transmission, and two countries had not submitted annual status updates.

144. Unfortunately, measles outbreaks in the European Region threatens this progress; numbers of new cases rose sharply at the start of 2017 in seven of the 14 endemic countries (France, Germany, Italy, Poland, Romania, Switzerland and Ukraine) and outbreaks continued in Italy and Romania. The Regional Office works closely with countries to strengthen

immunization programmes, increase the population's immunity and confidence in vaccines, build capacities for surveillance and respond to outbreaks.

145. The Regional Office launched a new information-sharing platform – the Immunize Europe Forum – during European Immunization Week (see below) in April 2016, to increase peer-to-peer exchange of resources, news and innovative ideas by professionals working in immunization-related fields. In Greece in February 2017, the Regional Office organized the first Region-wide meeting on optimizing data reporting to support evidence-informed decision-making on immunization with data from 36 Member States for 67 managers of immunization programmes, as well as staff of WHO headquarters, CDC and ECDC. Participants sought to identify ways to improve the WHO and UNICEF mechanism for reporting on disease incidence, immunization coverage, vaccine procurement and policies, and the performance of national immunization systems.

146. Work to promote vaccination uptake has included the training of trainers, led by the Faculty of the University Clinical Hospital of Santiago de Compostela (Spain), in Austria in May 2016. Managers of national immunization programmes and leading clinicians from Albania, Bosnia and Herzegovina, Croatia, Estonia, Georgia, Latvia and the former Yugoslav Republic of Macedonia learned how to educate frontline medical workers on vaccine safety and contraindications to reduce failures to comply with childhood immunization schedules.

147. Despite the effectiveness of vaccination in protecting health, middle-income Member States have reduced coverage of routine childhood vaccination due to procurement, financial, legislative and demand-side barriers. Anti-vaccination sentiment poses additional problems. The Regional Office supported the Republic of Moldova in transitioning from GAVI support and in preparing to introduce human papilloma virus vaccine later in 2017. The Regional Office also assisted Armenia, Azerbaijan and Georgia in developing their transition plans. All these Member States fulfilled their co-financing requirements and fully funded non-Gavi vaccines from government resources. In addition, Kyrgyzstan, Tajikistan and Uzbekistan have also maintained financial sustainability for their immunization programmes.

148. In 2016, to combat vaccine skepticism and hesitancy, the Regional Office published best practice guidance on how to respond to vocal vaccine deniers in public aimed at spokespeople of health authorities. The guidance was one of the most popular publications of the year. In 2017, the Regional Office published a comprehensive portfolio of new tools and capacity-building exercises to support Member States, which includes the vaccination and trust library comprising almost two dozen documents. The Regional Office conducted subregional and single-country training workshops aimed at representatives of national immunization programmes, regulatory authorities and partners to help countries build capacity and set up coordination and response mechanisms, for example, in Romania in February 2017.

149. The Regional Office has regularly reported the results of its surveillance of vaccine-preventable diseases, particularly measles and rubella. With the Austrian Society for Hygiene, Microbiology and Preventive Medicine, the Regional Office supported a meeting facilitating the sharing of good surveillance practices among German-speaking countries and regions, hosted by the Medical University of Innsbruck in Austria in January 2017. These German-speaking areas follow similar practices in surveillance and in the collection and reporting of immunization data and almost all face challenges in eliminating measles and/or rubella. Participants included members of national verification committees for measles and rubella

elimination of Austria, Germany, Luxembourg and Switzerland, officials responsible for measles and rubella control in Liechtenstein and the Autonomous Province of Bolzano, Italy, public health officials, paediatricians, staff of the Regional Office and ECDC, and the chair of the Regional Verification Commission.

150. In 2017, the Regional Office stepped up its support to countries seeking to control measles and rubella outbreaks. With partners such as UNICEF, the Regional Office supported vaccination campaigns in countries such as Italy, Romania and Tajikistan. The campaign in Romania was part of an extensive intervention, due to an outbreak that had spread across the country with over 4800 cases, including 23 deaths, between January 2016 and 28 April 2017. WHO support included conducting a number of missions to the country, addressing outbreak response communications, vaccination strategy and advocacy. The Regional Director visited Romania to offer support during European Immunization Week in April 2017. The Regional Office and the WHO Country Office in Romania plan to support a study of the families affected by the outbreak in order to better understand the barriers to vaccination. The Regional Office held a meeting of the Regional Verification Commission in Bucharest in June 2017.

European Immunization Week: sustained success

151. In addition to supporting the vaccination programmes mentioned above, the Regional Office has continued its successful European Immunization Week (EIW) in April 2016 and in April 2017, involving all 53 Member States in the Region. Entering its second decade, EIW provides WHO, its international partners, national health authorities, professional associations and other stakeholders the opportunity to join forces to raise awareness of the benefits of vaccines and the need to close immunity gaps.

152. EIW 2016 celebrated the great progress made towards eliminating measles and rubella and stressed the action needed to reach the goal. The Regional Office produced a package for use on social media in English and in Russian, and shared it with WHO country offices, an EIW focal point in each Member State and its partners. Member States:

- used innovative approaches to catch the public's attention, such as plays, sporting events and advertisements shown in cinemas;
- reached out to specific target groups, such as the media, pharmacists, young people, refugees and asylum seekers, parliamentarians, health-care workers, Roma communities, students and parents; and
- highlighted specific topics, such as the introduction of a new vaccine, a new national action plan to eliminate measles and rubella, the promotion of vaccination against human papillomavirus, in addition to measles and rubella.

153. EIW 2017 used the slogan, "Vaccines work" to focus on the need for and benefits of immunization at every life stage. The Regional Director gave a joint statement of support in both years: with the Patron of the Regional Office, Her Royal Highness The Crown Princess of Denmark in 2016 and with the European Commissioner for Health and Food Safety in 2017. Her Royal Highness also made a video statement for EIW 2017. The Regional Office published narrative reports on the EIWs for both years, with lively summaries of the breadth of EIW activities and participants.

Applying the life-course approach and tackling NCDs: leaving no one behind

154. In 2016–2017, the Regional Office continued to promote the life-course approach and to increase the effectiveness of interventions throughout life, focusing on a healthy start and people's needs at critical periods, and promoting timely investments with a high rate of return for public health and the economy, to address the causes rather than the consequences of ill health. The Regional Office has applied this approach to work aimed at critical groups (such as children, young people and elderly people) and on specific topics (such as gender equity, sexual and reproductive health, and the main risk factors for NCDs – tobacco, alcohol, poor nutrition, and violence and injuries). In addition to contributing to the implementation of Health 2020 and the 2030 Agenda for Sustainable Development, this work contributes to achieving the goals of various United Nations, WHO and European Union policies and initiatives.

Life-course approach, focusing on a healthy future

155. The Minsk Declaration, an outcome of the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020, held in Belarus in October 2015, encourages countries to act early, act on time and act together, using the life-course approach to bridge sectoral and organizational boundaries. RC66 noted that the Ministerial Conference had widened the knowledge and understanding of the life-course approach as an investment in current and future generations, further justifying intersectoral cooperation. Member States stressed the importance of the life-course approach for the implementation of both Health 2020 and the 2030 Agenda, and highlighted the need for support through political commitment at the highest level, adequate financing, relevant action plans and effective assessment of progress. In 2016, the Regional Committee adopted new action plans, which employ the life-course approach, on women's health and on sexual and reproductive health.

Targeting children and young people

156. The Regional Office supported Member States in implementing the European Child and Adolescent Health Strategy 2015–2020, which calls for targeted health interventions for a healthier start, leaving no child behind. To provide evidence that countries could act on, the Regional Office published the latest report of the Health Behaviour in School-aged Children (HBSC) study in English in March 2016 and in Russian in December 2016. Some governments (Armenia, Germany, Latvia, Sweden and the United Kingdom (Scotland)) have used HBSC findings to develop policy and legislation that benefit the health of adolescents and young people.

157. The new HBSC report is based on a 2013–2014 survey of over 200 000 young people aged 11, 13 and 15 years in 42 countries in Europe and North America. The report covers a wide range of adolescent health and social behaviour, including self-assessment of mental health, obesity and body image, dietary habits, engagement in physical activity, support from families and peers, tobacco, alcohol and cannabis use, and bullying. The report reveals that gender and socioeconomic inequalities undermine young people's health and well-being, even though smoking has declined significantly. The report, which attracted enormous interest from governments and mass media, was the Regional Office's most popular publication in 2016.

158. Since interventions carried out in schools can help to improve children and adolescents' health and thereby reduce the future burden of NCDs, the Regional Office called on governments to recognize school health as a priority. The Regional Office held a workshop on school health and the prevention of NCDs for coordinators of national programmes for child and adolescent health in Kyrgyzstan in August 2016. In addition to the host country, participants included Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, the Republic of Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan, staff of WHO headquarters, the Regional Office and country offices, and representatives of UNFPA, UNICEF and the World Food Programme. The 60 participants discussed the HBSC findings, learned about school health services and a network of health-promoting schools in the European Region, and outlined their own plans to promote actions in these areas in their own countries.

159. Targeted health interventions for a healthier start were central to the conference to strengthen cooperation between the health, education and social sectors in the European Region organized by the Regional Office in France in December 2016. The aim was to secure better, more equal health and social outcomes for children and adolescents and their families (as described in the section on better health for Europe). The Regional Office began reviewing progress on implementing the Integrated Management of Childhood Illness strategy in the European Region in order to define facilitating or hindering factors in 16 Member States. The review focuses on the relevance, efficiency and effectiveness of the Integrated Management of Childhood Illness in helping countries to provide high-quality care for children, to understand factors contributing to its adoption and sustainability, and to use the lessons learned to inform future steps for providing primary and referral care to children in Europe. First, investigators compiled background information; then national partners validated the information through interviews with key informants and focus groups in Kyrgyzstan, the Russian Federation, Ukraine and Uzbekistan in October and November 2016. Key informants included stakeholders from ministries of health, national centres for maternal and child health, health workers and managers of district health facilities, and representatives of universities, colleges, and international and partner organizations.

Linking gender with rights and the determinants of health

160. Several years of work culminated in RC66's adoption of the Strategy on Women's Health and Well-being in the WHO European Region, which links gender, rights and the determinants of health for more equitable health outcomes, and links SDGs 3 and 5 in a practical way relevant for the European Region. The Regional Office developed the Strategy through its trademark consultative process, including technical consultations, consultations with Member States, meetings with civil society and discussions in various forums, such as the Women Deliver 4th Global Conference, held in Copenhagen, Denmark, in May 2016. The Regional Office's participation in the Women Deliver Conference included contributing to a variety of sessions on implementing the SDGs, sharing examples of successes achieved and further development needed to protect and promote the health of girls and women, and discussing the Strategy and the Action Plan under development. The Women Deliver Conference brought together over 5500 advocates, experts and young people from 168 countries worldwide, under the patronage of Her Royal Highness The Crown Princess of Denmark.

161. The SCRC provided guidance on the development of the Strategy on Women's Health and Well-being and the Regional Office provided evidence as background, launching a report

on the topic at RC66. The report shows that women living in countries with the highest life expectancy could spend up to 12 years in ill health towards the end of their lives, and that large gender and health inequalities exist across the Region.

162. The Strategy presents four key areas for strategic action by Member States: strengthening governance for women's health and well-being; eliminating discriminatory norms, values and practices; tackling the impact of gender and social, economic, cultural and environmental determinants of health; and improving health systems' responses. Intersectoral action is required in the first three areas. In the fourth area, health systems should address the full spectrum of women's health, recognizing the need for gender-appropriate treatment and the fact that some conditions present differently in women than in men and therefore run the risk of going undiagnosed or untreated. The Strategy constitutes a template for national action and to guide decision-making.

163. During a panel discussion at RC66, with experts from Women Deliver and the Global Health Programme at the Graduate Institute of International and Development Studies (Switzerland) underlining the impact of gender inequalities and the determinants of health on women, Member States unanimously adopted the Strategy, which they welcomed as an inspiration for developing gender-responsive policies and national action plans. Member States were also pleased that implementing the Strategy would not require additional reporting. The Regional Committee agreed that inequality in health created by society must be rectified through gender-responsive and whole-of-government approaches to policy-making. Representatives of UNFPA, the International Pharmaceutical Federation, the Standing Committee of European Doctors and the World Heart Federation also expressed support for the Strategy.

164. To assist countries in improving their work on women's health and identifying gaps, the Regional Office began developing a monitoring framework for the Strategy, based on existing indicators and accountability frameworks, with the WHO Healthy Cities Network and a working group on gender and health to analyse ways of measuring and analysing women's health at the local level. The Regional Office's efforts to implement the Strategy includes:

- (a) producing an evidence review and policy brief with recommendations on gender stereotypes: their effects on health and use in health promotion;
- (b) producing an evidence review, assessment tool and country assessments of integrated long-term care, women's health and women's caring roles;
- (c) integrating gender perspectives in assessing health system barriers to NCD prevention and control;
- (d) assisting countries in implementing prevalence surveys and strengthening health systems' response to gender-based violence against women, as part of an intersectoral response; and
- (e) exploring ways to transfer lessons learned from intersectoral mechanisms for gender equality to intersectoral action for health.

165. In addition, the Regional Office's work to link gender, rights and determinants for more effective and equitable health outcomes includes the development of a report and strategy on men's health and well-being, which is planned for RC68.

Promoting healthy aging

166. As the result of a project with the European Commission, the Regional Office published a toolbox to guide local policy-makers and planners in developing, implementing and evaluating age-friendly policies and interventions, which support people to age actively and healthily. The toolbox, particularly useful for members of the WHO European Healthy Cities Network (see the section on better health for Europe), prioritizes age-friendly initiatives. The Regional Office also supported the development of multisectoral policies in a number of Member States in order to create or reform systems for long-term care; this is part of WHO's work to achieve UHC (see the section on strengthening people-centred health systems).

Promoting sexual and reproductive health

167. As with its work on gender, the Regional Office developed the Action Plan for Sexual and Reproductive Health: Towards Achieving the 2030 Agenda for Sustainable Development in the WHO European Region – leaving no one behind. The Action Plan takes into account the situation in the European Region, which has seen major achievements in lowering perinatal mortality rates, increasing access to safe abortions and reducing the number of abortions, particularly in the eastern half of the Region, as a result of broader access to evidence-based information, sexuality education and family planning services. The Action Plan aims to ensure informed decision-making and access to services and to address social determinants of health and inequities in health, so that all people in the Region are supported to achieve their full potential for sexual and reproductive health and well-being and human rights are respected, protected and fulfilled. WHO provides technical support to Member States in implementing the Action Plan and in developing monitoring frameworks.

168. The Action Plan has had more extensive and detailed consultation than any other document presented to a session of the Regional Committee: all stakeholders had ample opportunity to contribute to the Plan and to express their views. Nevertheless, some controversy persisted, owing to the sensitive nature of the topic. With the unanimous support of the SCRC and following an extensive and complex discussion, RC66 adopted the Action Plan with some amendments, although Hungary, Poland and Turkey remain disassociated from the Plan. Many Member States welcomed the Action Plan, which underscores the importance of sexual and reproductive health and rights in the context of global development and the attainment of the SDGs. In conjunction with the Minsk Declaration and Health 2020, the Action Plan lays the foundation for ensuring health and well-being for all and provides useful guidance for Member States in the further development of national policies and plans. Representatives of UNFPA, the International Federation of Medical Students' Associations and the International Planned Parenthood Federation also welcomed the Action Plan.

169. In 2016, three issues of *Entre Nous* – the European magazine for sexual and reproductive health that the Regional Office published with funding from UNFPA – supported the Action Plan's development and implementation. The final issue of *Entre Nous* in 2016 looked at the history of the magazine, celebrated the positive changes in sexual and reproductive health throughout the European Region over the previous 35 years and took note of the need to champion and respect human rights and focus on decreasing and eliminating inequalities and inequities.

170. The Regional Office supported Member States in implementing the Action Plan, for example, by assisting with the development or revision of national strategies in coordination

with partner organizations. In November 2016, the Regional Office took part in a workshop organized by UNFPA to ensure that gender-responsive and human rights dimensions were integrated in national strategies on family planning in Kazakhstan and Kyrgyzstan. The participants – health professionals, decision-makers and development partners – presented analyses of family planning and human rights in the two countries, discussed WHO tools and UNFPA guidance to ensure human rights in the provision of contraceptive information and services, and developed and discussed country-specific action plans for the next three to five years. In February 2017, the Regional Office and international experts took part in a meeting of stakeholders on the final draft of a new strategy on reproductive health for Azerbaijan. In March 2017, WHO and UNFPA provided technical support to a meeting in Ukraine on improving access to and the quality of reproductive health services provided through PHC, in line with the SDGs. The Regional Office brought together experts from 14 Member States in the European Region for a consultation in the United Kingdom on how best to implement available guidelines on the prevention and management of complications caused by female genital mutilation.

171. Speakers at an international conference on sexuality education, held in Germany in May 2017, emphasized the importance of health education in achieving the goals of Health 2020 and the Action Plan for Sexual and Reproductive Health, and highlighted links between intersectoral work for health promotion and the implementation of both the Minsk Declaration and the recommendations of the High-level Conference on Working together for Better Health and Well-being. The German Federal Centre for Health Education, a WHO collaborating centre, organized the Conference, with the support of the German Federal Ministry of Health and the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, and with the active involvement of the Regional Office, International Planned Parenthood Federation European Network, UNESCO and UNFPA. Over 160 participants from 33 countries in the European Region attended, including ministries of health and education, health-care providers and public health specialists, schools and research institutions, youth organizations and other NGOs.

172. In 2017, the Regional Office published a regional framework to support the implementation of Health 2020 by improving the quality of care for reproductive, maternal, neonatal, child and adolescent health in the Region. It proposed a quality improvement system that extends across the continuum of care and at all levels of care and aims to achieve high and equitable coverage of high quality care for all, to reduce and eliminate preventable mortality and morbidity.

Combating NCDs and their risk factors

173. The considerable decline in premature deaths from NCDs in the European Region has created the hope that the Region can achieve and possibly exceed SDG target 3.4 (to reduce such deaths by 33%) by 2030. Strengthening work to combat NCDs is one of the Regional Office's foremost public health priorities. The development of the Action Plan for the Prevention and Control of NCDs in the WHO European Region, adopted by RC66, is a major step forward. (See the section on health systems response to NCDs.) Drawing on previous European action plans and taking into account new evidence and developments and existing commitments of and progress in Member States, the Action Plan focuses on priority action areas and interventions for 2016–2025 in order to achieve the regional and global targets for reducing premature mortality and the burden of NCDs and to improve the quality of life and

make healthy life expectancy more equitable. The Action Plan, developed through a consultative process guided by technical experts and the SCRC, incorporates Health 2020, the follow-up to the United Nations high-level meetings on NCDs in 2011 and 2014 and the implications of the SDGs. It recognizes the impact of shared risk factors and co-morbidities, such as oral, musculoskeletal and mental health, and identifies air pollution and infectious diseases as risk factors. The Action Plan advocates a balance between prevention and treatment to reduce premature mortality and acknowledges the contributions of vaccinations and the control, treatment and secondary prevention of communicable diseases.

174. RC66 adopted the Action Plan by consensus in September 2016. Member States found the Plan a useful tool to support national policy-making and welcomed its link to broad global health and development agendas. Representatives of FAO and nearly two dozen NGOs also welcomed the Action Plan.

175. In May 2017, the Seventieth World Health Assembly adopted an updated set of policy options and interventions within WHO's Global Action Plan for the Prevention and Control of NCDs 2013–2020: 16 best buys and 86 good buys. These update the evidence on cost-effective actions and are new tools developed for use by Member States.

176. Member States in the European Region made progress on governance for NCDs in 2016–2017. The proportion of countries with an operational multisectoral action plan integrating risk factors and NCDs has risen by 17% between 2015 and 2017. The Regional Office has supported 17 countries to develop and/or evaluate their national NCD plans and strategies, 6 countries to integrate NCDs in their development agendas or health plans and several countries to coordinate intersectoral dialogues.

177. World Health Day on 7 April focused on diabetes in 2016 and on depression in 2017. In both years, WHO marked World Health Day at the global, regional and country levels and supported activities in a number of countries. In 2016, the Regional Office published a policy brief on national diabetes plans in the Region and supported and highlighted activities, often involving WHO country offices and national health authorities, in Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, the Czech Republic, Estonia, Germany, Hungary, Kyrgyzstan, Latvia, Montenegro, Poland, the Republic of Moldova, the Russian Federation, Romania, Serbia, Slovakia, Slovenia, the former Yugoslav Republic of Macedonia, Turkey, Turkmenistan and Uzbekistan. In 2017, the Regional Office called for the scaling up of services to treat depression, to increase awareness and understanding of depression and to reduce the stigma associated with it. The Regional Director and the European Commissioner for Health and Food Safety made a joint statement calling for action. The Regional Office shared the stories of people struggling with depression and 31 countries organized activities based on core information and multimedia materials developed and distributed by WHO.

178. In May 2017, Dr João Breda, Head of the WHO European Office for the Prevention and Control of Noncommunicable Diseases and Programme Manager for Nutrition, Physical Activity and Obesity at the Regional Office, received the 2017 award of the Gerlev Physical Education and Sports Academy in Denmark in recognition of his work in encouraging Member States to adopt the Physical Activity Strategy for the WHO European Region 2016–2025.

Expanded capacity

179. In 2016–2017, the WHO European Office for the Prevention and Control of Noncommunicable Diseases, a geographically dispersed office in Moscow, Russian Federation, increased the capacity of the Regional Office by expanding:

- (a) the depth and extent of information systems on NCDs, adding to the numbers and types of surveys that countries could conduct;
- (b) technical support for the implementation of best buys to a wider range of countries, particularly those in eastern Europe and central Asia;
- (c) the range of training, accelerating the implementation of the NCD best buys; and
- (d) the range of Regional Office resources available in Russian.

180. The European Office for the Prevention and Control of Noncommunicable Diseases and the Ministry of Health of the Russian Federation hosted a meeting on Russian experts' contribution to saving lives and fighting NCDs throughout Europe in Moscow in April 2017. Participants included high-level representatives from several ministries of the Russian Federation – including the ministries of health, finance and foreign affairs, WHO staff, representatives of centres of excellence in the Russian Federation and other stakeholders. Experts from the country presented the work they had done in the Region, particularly in eastern European and central Asian countries, providing expertise on strategic policy-making in public health, epidemiology, research and surveillance, NCD risk factors and prevention, and the treatment of specific NCDs. Participants concluded the meeting by discussing further cooperation on innovative approaches to tackling NCDs in Europe. A wide range of the Regional Office's activities on NCDs and their risk factors have taken place in the context of the project on the prevention and control of NCDs financed by the Ministry of Health of the Russian Federation.

181. Member States preparing to introduce legislation to protect public health need to consider several important aspects of the policy-making process in preparing new laws. With the McCabe Centre for Law and Cancer (Australia), the I.M. Sechenov First Moscow State Medical University (Russian Federation) and the Law and NCD Unit of the University of Liverpool (United Kingdom), the Regional Office organized a workshop on intensive legal training and capacity-building for public health policy-makers, government lawyers and representatives of trade and/or the economy from a small group of Member States, in Moscow in May–June 2017. Topics discussed ranged from the design and implementation of legislation reconciling public health objectives with commitments in international trade and investment law to examples of regional integration, such as the European Union and the Eurasian Economic Union. The Regional Office published a report on the outcomes of the workshop, including key discussions, lessons learned and the way forward.

182. Supported by the Government of the Russian Federation, the Regional Office held a meeting at the European Office for the Prevention and Control of Noncommunicable Diseases for 64 directors and managers of national NCD programmes from 35 Member States, together with representatives of international organizations, in Moscow in June 2017. Participants examined the status of and progress in the prevention and control of NCDs. The data show the importance of strong gender-based approaches to prevention and control and the need for investment in the control of hypertension and the reduction of salt intake as two best buys promising quick returns. Most notably, a regional scorecard showed that, despite the decrease

in premature mortality, the achievement of many of the other global targets, such as those for tobacco, alcohol, overweight and obesity, physical activity, salt reduction and access to effective technology in primary care, remain at risk in the European Region. Participants also discussed success stories and visionary scenarios in preparation for the third United Nations high-level meeting on NCDs in 2018, at which countries are to report on progress in four areas: setting national targets on NCDs; developing multinational plans; implementing best buys for prevention; and strengthening health systems to deal with NCDs. The outcome of the meeting is the Region's contribution to a WHO global roadmap to achieving NCD targets in 2018–2030, which will be further discussed at the WHO global conference on NCDs, to be held in Uruguay in October 2017.

183. The Regional Office scaled up its work on cancer control in 2016–2017. With the International Agency for Research on Cancer (IARC), WHO headquarters and/or the International Atomic Energy Agency (IAEA), the Regional Office conducted 21 missions to 17 countries and held two courses on cancer registries for 80 participants from the Russian Federation and a regional course on cancer registration given with IARC. The Regional Office held a regional workshop on the early detection of cancer with a WHO collaborating centre in Italy and published Russian translations of major WHO guides on cancer registration, cervical cancer control and palliative care.

Combating NCD risk factors

184. In addition to tackling NCDs as a whole, the Regional Office worked with Member States and partners to address main risk factors. As described in the section on health emergencies, the Regional Office helped countries prepare for mass gatherings by addressing one or more risk factors for NCDs and considering other relevant health issues.

Progress on tobacco control

185. The European Region continues to make excellent progress in tobacco control, although more needs to be done. Member States have made important legislative changes, including: requiring plain packaging of and displays of health warnings on tobacco products and banning the display of products and smoking in cars in the presence of children. Leadership by a number of Member States – France, Georgia, Hungary, Ireland, Norway, Slovenia and the United Kingdom – has strengthened the global movement for the plain packaging of tobacco products. The Regional Office urges Member States to follow up and extend these successes, particularly efforts to implement the WHO Framework Convention on Tobacco Control (FCTC).

186. In April 2016, the Regional Office and the WHO Country Office in Turkmenistan held a regional meeting on implementing the WHO FCTC, sharing the latest developments in tobacco control in European countries and discussing ways to reach the global voluntary target for tobacco use by 2025. More than 100 participants attended – representing 37 countries and partner organizations – and including international experts in tobacco control. In addressing RC66, the Regional Director called on Member States to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products of the WHO FCTC. The Protocol's 28 Parties worldwide include seven countries in the European Region. On 30 June 2017, Serbia became the latest country in the Region to accede to the Protocol. Forty ratifications are needed for the Protocol to enter into force.

187. The Regional Office has worked closely with the countries of south-eastern Europe on the implementation of the WHO FCTC. A meeting held in Montenegro in October 2016, organized with financial support from the Government of Turkmenistan, convened participants representing 11 countries, plus regional and global experts. The meeting focused on the tobacco industry's tactics for blocking tobacco control measures, key components of effective tobacco control policies and their implementation, and methods for defending anti-tobacco strategies. With the International Union for Health Promotion and Education, the Regional Office organized a workshop in Croatia in May 2017 to help participants develop plans for advocating priority strategies for smoke-free public policy, plain packaging and taxation increases, as well as for mass media campaigns to support such measures. The Regional Office published a collection of fact sheets on the health impact of tobacco control policies in 12 south-eastern European countries, predicting that, with strong policies consistent with the WHO FCTC, they could reduce smoking prevalence by at least 23% within 5 years, 30% within 15 years and 35% within 40 years.

188. With support from the Government of the Russian Federation, the Regional Office held events to promote tobacco control in the newly independent states of the former Soviet Union in Moscow in March and October 2016. The first was a workshop for 60 journalists and communication officers of 11 countries. Presentations by international experts and champion countries – giving examples of their activities and the challenges they face – inspired participants to write about the many facets of tobacco control. The hashtag #TobaccoFreeMedia was introduced so this community of reporters could use it to follow and be inspired by each other's work. The second workshop, jointly organized by the Regional Office and the I.M. Sechenov First Moscow State Medical University, was aimed at policy-makers. Participants from 12 countries developed action plans for strengthening their countries' tobacco cessation and treatment systems for 2016 to 2018. The Regional Office held a further workshop for journalists in Tajikistan in March 2017.

189. In September 2016, the Regional Office published its tobacco control playbook, an easily accessible online tool that enables policy-makers and the general public to equip themselves with facts about tobacco consumption and to challenge the myths that policy-makers and politicians face in implementing the different articles of the WHO FCTC. The playbook is to be updated and extended, based on user feedback. In 2017, the Regional Office issued a publication championing the role of tobacco control in achieving the SDGs.

190. The Regional Office joined in the global celebration of achievements in tobacco control on World No Tobacco Day on 31 May by supporting plain packaging of tobacco products in 2016 and showcasing tobacco as a threat to development in 2017. In 2016, the Regional Director welcomed the Region's leadership in considering tougher packaging laws for tobacco products. WHO bestows World No Tobacco Day awards on carefully selected individuals and/or organizations in recognition of their accomplishments in tobacco control and in implementing the WHO FCTC. Recipients in the European Region in 2016 were: Ms Jane Ellison Member of Parliament for Battersea and Parliamentary Under-Secretary of State for Public Health, United Kingdom, and Ms Marisol Touraine, Minister of Social Affairs and Health, France (receiving the WHO Director-General's Special Recognition awards); Ms Emmanuelle Béguinot, Director, Comité National Contre le Tabagisme, France; Ms Oxana Domentî, Head of the Committee for Social Protection, Health and Family, Parliament, Republic of Moldova; Mrs Aurelia Cristea, Member of Parliament, Romania; and the Coalition Romania Breathes. The European winners for 2017 were: Dr Lenka Teska Arnořtová, Deputy Minister of Health, Czech Republic; Unfairtobacco, Germany, a project

run by BLUE 21, an NGO; the Department of Health of Ireland; the National Centre for Problems of Healthy Lifestyle Development, Kazakhstan; Dr Srmena Krstev, Head of the National Committee for Tobacco Prevention, Serbia; and Ms Milojka Kolar Celarc, Minister of Health of Slovenia.

Alcohol: reducing attributable mortality and promoting policy solutions

191. While alcohol consumption in the European Region fell by 11% between 1990 and 2014, large differences in consumption remain among Member States. The historically high level of consumption in Europe is associated with substantial attributable mortality, which increased by 4%. Much of the Regional Office's work on alcohol use has focused on the eastern part of the European Region, where alcohol-attributable mortality and alcohol's contribution to the burden of NCDs are high.

192. Two important Regional Office publications launched at RC66 provide evidence on alcohol-attributable mortality and describe interventions to exposure to alcohol in pregnancy in the Region. The former describes trends underlining opportunities for countries to introduce policies to reduce the burden of alcohol-attributable mortality and the need to further reduce consumption in the European Region. The latter reviews the literature on interventions to prevent alcohol exposure in pregnancy, in line with European Union and WHO policies, and presents experiences of eight European countries. A 2017 publication evaluates Member States' performance in implementing the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020. The Regional Office developed 10 composite indicators to assess the extent to which Member States adopted the recommended policy standards, one indicator for each action area of the Action Plan, which measures not only the presence of alcohol policies but also their rigorousness and comprehensiveness.

193. The three publications are outcomes of a three-year project ending in 2017 on the monitoring of national policies on alcohol consumption and harm reduction, funded by the European Union. Joint data collection and analysis has been used to assess the implementation of the alcohol policies of WHO, the European Union and the European Commission's Committee on National Alcohol Policy and Action. The project has also promoted options for key actions from global-, regional- and European Union-level strategies and action plans. These include alcohol screening and brief interventions to identify people who drink at harmful levels and to provide advice on limiting alcohol consumption. The Regional Office developed a toolkit to train trainers on the screening and brief interventions.

194. The Regional Office organized a regional consultation on effective policy measures to reduce alcohol-related harm, based on the results of the monitoring project, following the 7th European Alcohol Policy Conference, held in Slovenia in November 2016. Participants comprised representatives of health authorities and institutions in 30 Member States and a number of international organizations working on alcohol policy. Regional Office staff presented outcomes of the monitoring project, including the publications on preventing harm caused by alcohol exposure in pregnancy and trends in alcohol-attributable mortality and the Alcohol Policy Timeline Database, which was launched during the Conference. The Timeline Database provides information on the major steps taken by each Member State from 2006 onwards in developing policies and actions to reduce alcohol-related harm. The main purpose of the Timeline Database is to facilitate networking between Member States and to assist them in drafting, updating and revising policies on alcohol.

195. The Regional Office held a pilot training workshop on screening and brief interventions in Moscow in December 2016, with support from the Russian Federation. The toolkit to train trainers, developed through the monitoring project, has been revised to ensure its applicability in PHC settings in the country. The workshop focused on equipping participants from the Moscow, Tver and Yaroslavl oblasts of the Russian Federation and participants from Uzbekistan with the skills necessary to train trainers in screening and brief interventions. WHO developed the training in close collaboration with the Russian Federation's National Research Centre for Preventive Medicine, Research Institute on Addictions and V. Serbsky Federal Medical Research Centre of Psychiatry and Narcology. Experts from two institutions in the United Kingdom – the University of Stirling and the Scottish Health Action on Alcohol Problems – delivered the training modules.

196. The success of the workshop in December 2016 led the Regional Office and the WHO Country Office in Moscow to organize a second workshop in collaboration with the Ministry of Health to build capacity on the use of screening and brief interventions in trauma settings in May 2017. Participants represented several Russian regions and sectors, including the ministries of Health and the Interior, the V. Serbsky Federal Medical Research Centre of Psychiatry and Narcology, institutions for postgraduate training in emergency and trauma care, and trauma and drug-dependency practitioners. They discussed the newly developed training materials and the methodology required to train trauma care specialists in delivering screening and brief interventions with target populations in different regions and settings.

Nutrition: progress and challenges

197. While the European Region has made significant progress towards the elimination of all forms of undernutrition, the Regional Office has continued to work with Member States and partners to combat rising obesity and unhealthy diets, focusing on children in particular, as part of the life-course approach.

198. The Regional Office promotes healthy diets in a variety of ways, including through a 2016 publication on good maternal nutrition as the best start in life. The book:

- summarizes the results of a systematic review of the most recent evidence on maternal nutrition, the prevention of obesity and NCDs in 51 European countries;
- reviews existing recommendations for nutrition, physical activity and weight gain during pregnancy; and
- lists opportunities for action to promote nutrition and health throughout the life-course, ensure optimal diet-related fetal development and reduce the impact of morbidity and risk factors for NCDs by improving maternal nutrition.

199. Follow-up in 2017 included recommendations for health-care professionals on proper maternal nutrition before and during pregnancy, based on experiences in Latvia and work done as part of the country's BCA with WHO.

200. Following successful workshops in Malta and the Republic of Moldova in late 2015, the Regional Office continued to train health professionals in PHC settings to scale up their work to promote healthy diets, physical activity and weight management, using materials developed by WHO. A 2016 publication examines the effectiveness of services focused on diet, physical activity and weight management in PHC, the challenges impeding their delivery and entry points for more effective delivery. Drawing on the conceptual guidance of the European

Framework for Action on Integrated Health Services Delivery (see the section on strengthening people-centred health systems), the book provides guidance on the transformations required to integrate diet, physical activity and weight management services in PHC.

201. A wide range of activities has focused on combating unhealthy diets in childhood and the rising obesity associated with them as shown, for example, by the HBSC report. The WHO European Childhood Obesity Surveillance Initiative (COSI) has continued to grow, with the Russian Federation joining in 2016. Participating countries measure trends in overweight and obesity among primary school children aged 6–9 years, to understand the progression of the epidemic, enable comparisons between European countries and inform action to reverse the trend. The Regional Office provided technical assistance in sampling, equipment and training, and organized annual meetings of the COSI network in the Russian Federation in June 2016 and in Malta in February 2017.

202. Thirty-two Member States took part in the COSI meeting in 2016 to share preliminary findings from the fourth round of data collection and to discuss how to improve COSI and manage its growth and possible expansion in scope and sustainability. At the 2017 meeting, representatives of the participating countries – joined by experts from WHO collaborating centres, partner institutions and observers – reflected on 10 years of building a robust surveillance system and shared experiences in collecting data on overweight and obesity in children. Representatives of 18 countries presented preliminary results from the fourth round of COSI data collection; up to 39 countries expected to collect data on a total of more than 300 000 children during 2016–2017. The meeting also explored new ways to analyse the data to improve understanding of the obesity and overweight epidemic in children and discussed how to effectively use the findings to inform and promote policy action. With representatives of national health authorities and institutions, the Regional Office trained interviewers collecting data for COSI in Montenegro and the former Yugoslav Republic of Macedonia in 2016. The Regional Office plans to publish a special issue of its journal, *Public Health Panorama*, focusing on innovative policy and practice on obesity and unhealthy diets in the European Region in December 2017.

203. In 2016–2017, the Regional Office supported its action networks to reduce salt intake and marketing pressure on children in a variety of ways. Since 2008, the networks had brought together Member States with a particular interest in these topics for information and action: Switzerland chaired the network on salt, with 23 members, and Portugal chaired the network on marketing, with 28 members. Portugal hosted back-to-back meetings of both networks in April 2016, at which participants from network members, WHO and the European Commission discussed issues ranging from the acceptability of reduced salt products for consumers to new approaches to reduce the amount of digital marketing of foods high in fats, salt and sugar to children. Network members also presented their recent work, including Portugal's ambitious new legislation on food marketing to children and Slovenia's adaptation of the Regional Office's nutrient profile model to restrict such marketing to children. The action network on salt reduction concluded that, despite progress, no European country was on track to meet the goal of reducing intake by 30% between 2010 and 2025. More action was needed. The networks held back-to-back meetings in Ireland in May 2017, hosted by the Food Safety Authority and the Department of Health of Ireland, in close collaboration with the Swiss Federal Food Safety and Veterinary Office, the Directorate-General of Health of Portugal and the Regional Office.

204. The Regional Office helped countries assess food marketing to children and its influence on their dietary preferences and behaviour. In 2016, a publication of the Regional Office reported the findings of a comprehensive analysis of digital marketing to children of foods high in fats, salt and sugars in the European Region, and called on policy-makers to recognize and address this growing problem. In March 2017, the Regional Office launched a new tool to enable Member States to use a common approach to assessing the extent and nature of food marketing to children. A ready-to-use protocol and accompanying coding forms allow countries to tailor their research to their particular needs. Research using the protocol produces data on both the persuasive techniques employed and the total amount of marketing directed at children through both television and Internet advertisements. The Regional Office presented the tool at the 2017 meetings of the COSI network and the action network to reduce food marketing to children.

205. During 2016–2017, the Regional Office supported a number of country initiatives developed within the framework of the European Food and Nutrition Action Plan 2015–2020 and the Physical Activity Strategy for the WHO European Region 2016–2025. For example, France became one of the first countries in the Region to recommend a colour-coded nutrition labelling system for food products. Greece took action to raise awareness on salt consumption. Slovenia held its first national conference on nutrition and physical activity in order to discuss preventing obesity, promoting healthy food choices, creating environments that enhance physical activity and strengthening the role of nutrition in the successful treatment of disease. With support from the Regional Office, Kyrgyzstan investigated salt and *trans* fats in street food and Turkmenistan began to study the nutritional composition of foods, to identify those particularly high in fat and salt. With the support of a team of international experts and WHO staff, Turkey comprehensively evaluated its national programme for healthy nutrition and active life, to contribute to the Ministry of Health's planning of future work to improve nutrition, promote healthy diets and physical activity, and prevent obesity.

Reducing violence and injuries: a safer and fairer Europe for all

206. The Regional Office's work to reduce violence and injuries for all has focused on increasing road safety and protecting people, particularly children, against injury and maltreatment.

207. While deaths from injuries in the European Region declined by 28% in the last decade and deaths from road crashes decreased by 8.1% between 2010 and 2013, large inequalities among Member States remain, with eight countries in the Region reporting increased road-crash deaths. The Regional Office promotes more equitable distribution of intersectoral actions that have led to decreased mortality to achieve the goals of the United Nations Decade of Action for Road Safety 2011–2020.

208. The Regional Office published profiles on road safety in the 52 Member States that took part in a global survey. A comparison of data reveals an eightfold difference in the likelihood of dying on the road among countries in the Region. The profiles provide information on road-crash deaths and key indicators to assess national standards for road safety, such as the implementation of standards for safer roads and vehicles, the provision of post-crash care, and legislation and the enforcement of legislation to improve road users' behaviour by regulating speed, drink-driving, the use of mobile telephones and the use of seat belts, motorcycle helmets and child restraints in cars. Practitioners and policy-makers are encouraged to use the

country profiles to assess progress and to ramp up efforts to achieve the Decade of Action's goal to cut deaths from road traffic injuries by half by 2020.

209. The Regional Director opened the 12th World Conference on Injury Prevention and Safety Promotion in Helsinki in September 2016. The Conference was hosted by the Finnish National Institute for Health and Welfare and co-sponsored by WHO. Discussions focused on addressing gaps between knowledge and policy and promoting intersectoral preventive actions.

210. In line with the goals of the Decade of Action for Road Safety, the Regional Office supported work in countries to make roads safer and to encourage physically active forms of transport, such as cycling and walking (see the section on environment and health in Europe) in 2016–2017. At the request of the Ministry of Health and Medical Industry, WHO assessed Turkmenistan's national road safety programme for 2015–2017 and took part in a meeting of its Road Safety National Coordinating Committee to clarify target indicators for measuring deaths and injuries and improving both post-crash care and road users' behaviour. The Regional Office held intersectoral policy dialogues on road safety with partners from the European Healthy Cities Network in Kazakhstan and the health ministry in Kyrgyzstan, which resulted in measures being recommended to the authorities to improve road safety. WHO presented evidence to the Parliamentary Subcommittee on Road Safety in Ukraine, which resulted in more extensive recommendations of the same kind. More than half of the countries in the European Region took part in the United Nations Global Road Safety Week in May 2017 to step up action on measures addressing the dangers of speed and road safety to save lives.

211. Violence and unintentional injuries cause a significant number of deaths, human suffering and disability in the European Region every year and are the leading causes of death in young people. The Regional Office works with partners to help Member States prevent or reduce violence and injuries, with a special focus on protecting children by implementing the European Child and Adolescent Health Strategy and the European Child Maltreatment Prevention Action Plan for 2015–2020.

212. The Regional Office trained trainers to use the Training, Educating and Advancing Collaboration in Health on Violence and Injury Prevention version 2 (TEACH-VIP2), the most recent version of its comprehensive training curriculum on preventing and controlling injuries, to build health systems' capacity to prevent violence and injuries to children. Developed with a network of global experts, the course material addresses a wide variety of topics related to injury prevention and control. The Regional Office published TEACH-VIP 2 in Russian in June 2016, and held a series of workshops to build capacity for injury prevention in countries by training trainers to use the curriculum. These included:

- a workshop for 26 stakeholders from different disciplines and sectors in Latvia in May 2016, co-hosted by the ministries of Health and Welfare;
- a train-the-trainers event for representatives of Minsk Medical School, the Ministry of the Interior's Road Safety Unit, the ministries of Emergencies, Health and Education, and the Lifesavers Association, as well as paediatricians, traumatologists and general practitioners, to build intersectoral capacity for prevention in Belarus in November 2016, organized with UNICEF, and focused on preventing drowning, road-crash injuries and poisoning – the most common types of child injury in Belarus; and

- a train-the-trainers workshop for 30 senior public health professionals from 17 of the 23 regional institutes of public health in Serbia in May 2017, organized with the Ministry of Health and the Institute of Public Health in Belgrade, a WHO collaborating centre.

213. Maltreatment causes immediate damage to children's health and well-being and long-term harm to their development, and can result in dysfunction throughout life. The Regional Office supports Member States in implementing the European Child Maltreatment Prevention Action Plan 2015–2020 in a variety of ways, including by measuring the problem and making policy responses. It published handbooks to support the creation of a surveillance system to measure and monitor the prevalence of child maltreatment in Member States in the European Region and to demonstrate to policy-makers and other members of society the steps that can be taken to develop action plans for prevention.

214. The Regional Office organized or supported initiatives in countries, such as a situation analysis and a policy dialogue on preventing child maltreatment in Albania and meetings of stakeholders to discuss surveys of adverse childhood experiences in Poland and the Republic of Moldova. Staff of WHO and UNICEF presented evidence on child maltreatment and proposed recommendations for policy action at a hearing to the Parliament of Turkey in June 2016. It concluded with an agreement that the Government would take a range of actions with support from the two agencies. In June 2017, the Regional Office, the Nordic Council of Ministers and the Government of Latvia held a workshop in Riga on intersectoral collaboration involving the health, welfare, education and justice sectors to strengthen intersectoral work to prevent child maltreatment. Participants – 100 policy-makers, professionals and activists from 14 Baltic and Nordic countries – reviewed good practices in and evidence-based experience with prevention and discussed how they could be implemented in their countries.

Promoting mental health

215. The Regional Office began a major study of the quality of care and human rights standards in institutions for people with long-term psychosocial and intellectual disabilities in over 30 Member States in the Region. The first phase involved a questionnaire to gather data on standards. In the second phase, experts visited the participating countries to validate the survey results and collect detailed qualitative data to inform analysis and recommendations. The Regional Office plans to publish the aggregated findings in 2018–2019. The Regional Office published a report on mental health care for refugees, asylum seekers and irregular migrants in the WHO European Region (see the section on better health for Europe) and a report on practical issues in dealing with co-morbidity between mental disorders and major NCDs from the perspective of the PHC practitioner.

Strengthening people-centred health systems and public health capacity

216. Supporting Member States to strengthen their health systems is a pillar of the Regional Office's work to achieve Health 2020 and the SDGs; examples of these efforts occur throughout this report. This section focuses particularly on strengthening people-centred health systems and public health capacity. In 2016–2017, the Regional Office continued to pursue this goal with Member States and partners through work focusing on UHC, innovations for better health outcomes, the alliance of PHC and public health, and sustainable

health financing. A broad range of courses on health systems have supported these efforts; tailoring assistance to individual countries has tied these efforts together.

Work towards UHC

217. All levels of WHO work to promote UHC. After the 138th session of the Executive Board adopted a resolution urging countries to strengthen their essential public health functions to support the achievement of UHC in January 2016, WHO focused efforts at the global, regional and country levels to embed IHR (2005) in national health sector planning processes and to strengthen health systems to ensure a sustained, intersectoral approach to UHC. The European Union–Luxembourg–WHO Universal Health Coverage Partnership provides targeted support for health policy dialogues, health financing and effective development cooperation to 28 countries in Africa, South-East Asia and parts of the European Region. With the European Commission and Luxembourg’s Ministry of Foreign and European Affairs, WHO organized a briefing during European Development Days in Belgium in June 2016 describing the Partnership’s work to strengthen good governance and aid effectiveness to achieve UHC.

218. The Regional Office’s work on UHC celebrates past achievements and looks to the future. With the European Observatory on Health Systems and Policies, the Regional Office marked the 20th anniversary of the Ljubljana Charter on Reforming Health Care by publishing a special edition (Vol. 22, No. 2) of the Observatory’s *Eurohealth* journal. The issue describes the range of the Regional Office’s work and shows how Member States across the European Region are transforming their health systems in line with the strategy document *Priorities for Health Systems Strengthening in the WHO European Region 2015–2020: Walking the Talk on People-centredness* adopted by RC65 in September 2015. *Priorities for Health Systems Strengthening* guides countries in implementing the values outlined in the 1996 Ljubljana Charter and in the 2008 Tallinn Charter: *Health Systems for Health and Wealth*. In 2017, the Regional Office began preparations for two high-level regional meetings focusing on health systems to be held in 2018. One meeting will explore European health systems’ response to NCDs and will be held in Spain in April 2018; the second meeting will observe the 10th anniversary of the Tallinn Charter, stressing the need to leave no one behind, and will take place in Estonia in June 2018.

219. The Regional Office has worked with individual Member States to improve outcomes of NCDs. For example, it held an intersectoral dialogue in Belarus in July 2016, focusing on increasing the efficiency and effectiveness of PHC services for NCDs, as part of a project financed by the European Union and implemented by WHO, UNDP, UNFPA and UNICEF. In November 2016, Regional Office experts assessed the areas of health systems that could help to accelerate gains in key NCD outcomes in Serbia, as part of a Regional Office initiative with financial support from the Ministry of Health of the Russian Federation.

220. The Regional Office has revitalized its work on health system performance assessment. At a workshop held by the Regional Office in April 2016, experts from health ministries and institutions, OECD and WHO agreed that much progress in making performance assessments has been achieved, noting work done by countries such as Belgium, Hungary, Malta, Slovenia, Sweden and Turkey. For example, in response to European Commission recommendations, the Government of Slovenia had formulated a plan for a health system review with input from the World Bank and in consultation with WHO and the European

Observatory on Health Systems and Policies. The workshop recommended that the Regional Office strengthen its guidance to increase accountability for health system performance, identify less developed performance domains and support information infrastructures in countries (see the section on health information).

Health systems governance: transforming health systems

221. After a three-year development process, the Regional Office presented the European Framework for Action on Integrated Health Services Delivery to RC66, with an extensive set of tools for its implementation. Member States use the Framework for Action to improve health and well-being by modelling the delivery of health and social services around people's needs. RC66 adopted the Framework for Action, applauding the consultative development process and hailing the Framework as a model for supporting countries to achieve UHC.

222. In developing the Framework for Action, the Regional Office had consulted the SCRC, Member States, stakeholders (including representatives of professional associations of primary care physicians, nurses and occupational therapists; patients' organizations; and insurers and hospitals), international experts from universities and think-tanks, and staff of WHO headquarters and the WHO regional offices for Europe, Africa and the Eastern Mediterranean. The Regional Office also published a review of evidence focusing on hospitalization for conditions sensitive to ambulatory care as a proxy indicator of performance and a compendium of initiatives to transform service delivery in the European Region. These publications form part of the Framework's implementation package.

223. The implementation package to support Member States in transforming health services delivery combine policy documents, advocacy materials, tools and applications to support evidence-informed policy development, institution strengthening and stakeholder engagement in implementing the Framework for Action. It also includes a glossary of key terms in English and in Russian, an inventory of indicators for measuring integrated care, success stories on delivering people-centred health services and documents on such topics as health workforce competencies, patient engagement and population empowerment, and accountability arrangements for integrated health services delivery.

224. In addition, the European Observatory on Health Systems and Policies continued to provide important information on the transformation of health systems in 2016–2017. These include:

- new reviews on the functioning of health systems and reform and policy initiatives in progress or under development in Malta, the Netherlands, Portugal, Romania, Slovakia, Slovenia and the former Yugoslav Republic of Macedonia;
- studies on, for example, health system efficiency, innovation in the discovery and development of antibiotic drugs, and countries' experience with voluntary health insurance; and
- policy briefs and summaries aimed at health policy-makers on such issues as the integration of care for people with multiple morbidities, voluntary cross-border collaboration in public procurement to improve access to health technologies, and investment in health literacy.

225. In following up a meeting held at the end of 2015, the Regional Office developed an exciting new stream of work to provide peer support through a network of high-level policy-makers in health and finance. The network supports Member States in determining how to transform their health systems and lead change.

226. With the guidance of the SCRC and an expert working group, the Regional Office began developing a framework for action towards a sustainable health workforce in the European Region with a supporting toolkit, for submission to RC67. The framework is aligned with the global ILO-OECD-WHO five-year action plan on health employment and economic growth, adopted by the Seventieth World Health Assembly in May 2017, and the European Strategic Directions for Strengthening Nursing and Midwifery towards the Health 2020 Goals. The Framework for Action provides Member States with strategic objectives for human resources for health, policy options and enablers for action, along with cross-cutting considerations for implementation. It also sets out the Regional Office's responsibilities and recommends action for partners.

227. Nurses and midwives gave their input to the framework at the annual meeting of the European Forum of National Nursing and Midwifery Associations, held in Germany in March 2017. The Regional Office observed the International Day of the Midwife and International Nurses Day in May 2017. The Regional Office highlighted these critically important professions – sharing the views of nurses and midwives from around the Region on their professional experiences and commitment to delivering care of the highest quality.

Innovation for better health outcomes

228. As shown in the sections on health emergencies and applying the life-course approach and below, the Regional Office addresses health system barriers related to specific diseases and conditions, particularly TB and NCDs. It also developed and launched two digital applications for mobile devices for global distribution – mVOT-TB for video-observed treatment of TB and ePAL for PHC worksheets, an electronic version of the WHO Practical Approach to Lung Health.

229. The Regional Office tackled health system aspects of issues such as AMR, HIV/AIDS and migrant health, as discussed in part above (see the sections on better health for Europe, environment and health in Europe and health emergencies, particularly the discussion on environmentally sustainable health systems in the section on environment and health in Europe and the activities of TB-REP and ELI in the section on health emergencies). The Regional Office worked with members of the Antimicrobial Medicines Consumption Network (Albania, Armenia, Azerbaijan, Belarus, Kyrgyzstan, Montenegro, the Republic of Moldova, Serbia, Tajikistan, Turkey and Uzbekistan, as well as with Kosovo (in accordance with United Nations Security Council resolution 1244 (1999)) to support the development or strengthening of national surveillance systems and to stimulate the sharing of data on the consumption of antimicrobial medicines within and between countries. In 2017, the Regional Office published the work of the Network in a report on antimicrobial consumption covering the period 2011–2014; developed a compendium of good practices on activities to strengthen health systems to protect the health of refugees, asylum seekers and migrants in the European Region; and presented TB-REP to SEEHN's Fourth South-eastern Europe Health Ministerial Forum as an example of strengthening health systems to prevent and care for communicable diseases. Participants at the Ministerial Forum in April 2017 explored the role of health

system financing mechanisms, health workforce planning and service delivery models in tackling the challenges faced by SEEHN countries.

Improving laboratory services

230. Through the Better Labs for Better Health initiative, the Regional Office continued to support Member States in eastern Europe and central Asia to improve their laboratory services and to build the core capacities required to implement IHR (2005). The Regional Office gave a technical briefing on strengthening these services at RC66, describing the initiative, providing an overview of the role of laboratories in health emergencies under IHR (2005), describing the work of the Russian Federation and Sweden in sharing expertise with other countries, and showing the progress made by Kyrgyzstan, Tajikistan and Uzbekistan in building laboratory capacity. The Regional Office held the second meeting of partners in Better Labs for Better Health in Georgia in December 2016. In addition to the partners of the initiative – including CDC, the Defense Threat Reduction Agency of the United States Department of Defense, the Royal Tropical Institute (Netherlands), Public Health England, the University of Copenhagen (Denmark) and UNDP – participants included representatives of Member States, professional associations in the areas of laboratory quality and biosafety, staff of WHO headquarters, regional offices and country offices, and representatives of other United Nations organizations. The meeting concluded that participating countries had improved their laboratory systems, recognizing the national laboratory working groups established under the initiative as a key resource and giving priority to further improvements in the regulatory framework of laboratories.

231. In 2016–2017, work under the initiative included a project to mentor laboratories in Kyrgyzstan, the Russian Federation and Tajikistan on implementing quality management systems using WHO's Laboratory Quality Stepwise Implementation tool. Mentors trained by the Regional Office visited laboratories to provide practical recommendations, assist with the development of action plans to overcome obstacles, perform audits and provide training on topics such as biorisk management. The project was supported by the European Commission Directorate-General for International Cooperation and Development and the PIP Framework Partnership Contribution.

Alliance of PHC and public health

232. The Regional Office worked to ensure that PHC with a public health approach is at the core of integrated care, through three main avenues: integration of PHC and public health, integration of PHC and social care, and integration of all levels of care.

233. The European Centre for Primary Health Care, the new geographically dispersed office of the Regional Office located in Almaty, became fully operational in 2016 with the support of the Government of Kazakhstan. The Centre supports Member States in reforming health systems to deliver people-centred, integrated health services and to provide technical assistance to countries with quality improvement, PHC and hospital reforms, assessment of accountability and incentive arrangements for PHC, and better coordination among practitioners. The Regional Director launched the Primary Health Care Advisory Group at a meeting convened by the Centre in June 2017. At its first meeting, the Advisory Group discussed how information systems need to capture new dimensions – such as people-centeredness, integration and quality – in order to strengthen health systems and support

progress towards achieving UHC, and how a responsive PHC approach should take into account both chronic and acute conditions in the design of its services.

234. As mentioned in the section on better health for Europe, a review of the progress made in implementing the European Action Plan for Strengthening Public Health Capacities and Services, adopted by RC66, shows that the Action Plan's potential has not been fully realized. It concluded that future action should focus on strengthening the enabler essential public health operations: public health legislation; human and financial resources; and the organization of public health services.

235. In January 2017, the Regional Office joined forces with champion countries and organizations from the international public health community to form a coalition of partners to develop and implement a joint agenda for action to strengthen public health services in the European Region. Champion countries have a key role to ensure that the coalition of partners, through its agenda for action, responds directly and practically to the needs of Member States engaged in public health reforms. Participants comprised experts from health and other ministries, national public health institutes and agencies, medical schools and public health faculties, and organizations including the European Public Health Association, EuroHealthNet, the European Commission and ECDC, the Association of Schools of Public Health in the European Region, SEEHN, the European Public Health Alliance, the World Federation of Public Health Associations, the World Organization of Family Doctors, the International Union for Health Promotion and Education, the International Association of National Public Health Institutes and the International Health Partnerships Association. The coalition reached consensus on the joint agenda's key objectives and the activities required to achieve them, and decided on practical actions and concrete next steps. Initial activities focused on building capacity for public health leadership, developing more precise tools for the assessment of public health legislation and financial management of public health services, and providing more detail on the delivery of these services in practice. All tools were field tested and applied during missions to countries. At its next meeting, to be hosted by the Ministry of Social Affairs and Health of Finland in November 2017, the coalition plans to review its initial progress and develop new activities.

236. The Regional Office continues to support Member States in assessing their essential public health operations. In 2016–2017, this included assisting Kyrgyzstan, the Republic of Moldova and the former Yugoslav Republic of Macedonia to conduct or follow up such assessments, and releasing a web version of its assessment tool.

Health financing

237. UHC means that all people can use the health services they need without experiencing financial hardship. High-performing health systems provide strong financial protection and use a range of strategies to keep formal and informal out-of-pocket payments to a minimum, that is, at or below 15% of total health expenditure. The Regional Office has prioritized the monitoring of financial protection to address a major gap in national and regional assessments of health systems' performance. Work in this area includes developing an approach to measuring financial protection that is more suited to high- and middle-income countries, monitoring financial protection in 25 Member States, preparing a report for publication in 2018 and working with countries to identify policies to reduce out-of-pocket payments and eliminate impoverishing household expenditures on health.

238. Since the European Region lacks a comprehensive set of estimates for financial protection, the Regional Office undertook to produce up-to-date estimates using a new approach tailored to high- and middle-income countries. This work, reported in *Public Health Panorama* in September 2016, explains why financial protection matters, shows how the Regional Office's adapted metrics add value to conventional measures and describes how context-specific monitoring can generate actionable evidence for policy-making.

Access to medicines

239. The Regional Office promotes affordable access to effective, high-quality medicines by providing policy options and tools to manage the high prices of new medicines and effective procurement strategies to ensure supply security. The Regional Office and the WHO collaborating centre at the Austrian Public Health Institute held the First Summer School on Pharmaceutical Pricing and Reimbursement Policies in Vienna in August–September 2016. The Summer School trained 36 high-level European civil servants from 20 countries in shaping and implementing policies for pricing medicines. An intersectoral panel – comprising representatives of the main association of Austrian social-security institutions, the Austrian Federal Ministry of Health, the European Public Health Alliance, the European Federation of Pharmaceutical Industries and Associations and WHO – called for new ways to negotiate medicine pricing. A second training is planned for August–September 2017.

240. At RC66, the Regional Office held a technical briefing to consider ways to improve access to new medical products in the European Region from a Health 2020 perspective by espousing the principles of solidarity, equity and participation. A panel – including WHO staff and representatives of Belgium, Greece, the Netherlands, Norway, the Republic of Moldova, the European Federation of the Pharmaceutical Industries and Associations and the London School of Economics (United Kingdom) – presented priorities for action at the national level and the potential for intercountry collaboration and generated ideas for future activities that could contribute to better access to new medicines. The Regional Office published a report in English and in Russian on how European countries can improve access and reduce medicine prices through strategic and well-planned procurement processes and work together to improve the availability of affordable medicines for patients in the Region. The European Observatory on Health Systems and Policies reviewed pharmaceutical regulations in 15 Member States in the Region.

241. The Regional Office reports to RC67 on strengthening Member States' collaboration on improving access to medicines, in the context of the SDGs and Health 2020. It proposes expanding collaboration by building on existing efforts and including regulatory, policy and financial aspects, strengthening good practice, increasing efficiency and decreasing waste. The report emphasizes access to new and innovative high-cost drugs as well as to existing drugs, particularly to secure treatment for HIV and TB in countries that are no longer eligible for financial support from the Global Fund.

242. The Regional Office convened a meeting in February 2017 to focus on horizon scanning and strategic procurement and to review options for collaboration with Member States to facilitate the sustainable introduction of new medicines. It also contributed to the Fair Pricing Forum 2017, organized by WHO headquarters in May and supported by the Netherlands Ministry of Health, Welfare and Sport, to discuss ways to improve access to medicines. Over 200 participants, representing stakeholders and authorities on medicine-pricing policies from across the globe, attended. LSE Health at the London School of Economics and Political

Science (United Kingdom) and the Regional Office are planning a workshop in September 2017 to build practical skills in preparing and conducting negotiations for public procurement of medicines.

243. Technical assistance in the area of pharmaceuticals focused on countries in the eastern half of the European Region. This included a meeting in June 2017 to discuss setting up a network of authorities in the field of pricing and reimbursement of medicines for countries in the Commonwealth of Independent States, attended by participants from Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, the Republic of Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan. The Regional Office held the first workshop for the implementation of WHO's guidelines on biotherapeutics in Russian-speaking countries in July 2017. In addition, the Regional Office assisted Kyrgyzstan in benchmarking the capacities of its national drug regulatory agency and revising its law on medicines, and supported Ukraine in developing its national policy on pharmaceuticals.

A broad range of courses on health systems

244. The Regional Office regularly offers a range of courses on various facets of strengthening health systems through the WHO Barcelona Office for Health Systems Strengthening, a geographically dispersed office in Spain. In 2016, two courses focused on improving disease outcomes and a third course, held in 2016 and 2017, addressed UHC financing.

245. In May 2016, the twelfth flagship course on health systems strengthening focused on policy options to address health system barriers to tackle the growing burden of NCDs in the Region. The course integrated theory and practice, for example, in assessing health system performance, including measuring progress on implementing the NCD Global Monitoring Framework, reviewing options to scale up individual health services for cardiovascular diseases, diabetes and cancer and using effective policies to tackle health system challenges. Participants tested what they had learned by applying these policy options to the context of their own countries.

246. In October 2016, the Barcelona Office delivered a new course on strengthening health systems to improve TB outcomes, targeting countries where the disease imposes a high burden. The course brought together 44 decision-makers, senior officials and health system administrators from ministries of health and finance, national TB programmes, health insurance funds and service delivery organizations, experts and leaders from 12 Member States (Armenia, Azerbaijan, Belarus, Bulgaria, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan) and experts from international organizations supporting TB-REP (see the section on health emergencies). Participants received theoretical and practical training in an integrative, whole system framework that covers analysing and diagnosing health system performance, improving the delivery of people-centred TB prevention and care, financing health systems, improving governance and managing change, and developing diagnostic tools for health systems and reform proposals for countries. The 2017 and 2018 editions of the course will target the 11 high-burden TB countries participating in TB-REP.

247. The sixth and seventh interactive courses on health financing focused on financing UHC combined with comprehensive consideration of health systems and financing with tools

for the analysis, design and implementation of policy. Participants encountered examples from countries during the course, engaged in solving real-life cases and networked to develop professional relationships. In 2016, 56 participants from 25 Member States in the European Region participated, including government officials, managers and experts of health insurance funds, and representatives of public health institutions, academe and international donor organizations. With three applications for every place in 2017, the high demand by countries to participate in the course demonstrates its value for health policy-makers in the Region. The 66 participants from 25 Member States praised the balance of theory and practice of the course, its relevance to their daily work and the full picture it provided of UHC and other matters related to health financing policy.

Examples of work with countries: Greece and Portugal

248. In addition to its work with groups of countries, the Regional Office has provided tailored assistance to individual Member States, such as Greece and Portugal, on all the topics discussed in the section above. In January 2016, WHO staff and Greek officials started a new initiative, called “strengthening capacity for universal health coverage”, to support the medium-term reform priorities of the health sector. Carried out with funding from the European Union, the initiative supports activities to create the necessary framework for scaling up the PHC network, rationalizing diagnostics, creating a centre for strategic intelligence and health technology assessment, building capacity for rationalized purchasing of health services, and initiating and sustaining dialogue on health policies, strategies and plans. The Ministry of Health of Greece and the Regional Office organized a policy dialogue on PHC reform in Athens in May 2016. The dialogue brought together 200 participants representing the various stakeholders in the Greek health care system to share the Government’s vision for PHC services, to discuss the different directions that reforms could take, to learn from the experiences of other countries and to generate practical options to ensure that the reforms in Greece improve access to basic health care and contribute to better health outcomes. A follow-up workshop in Athens in June 2016 focused on enhancing the capacities of officials and other key stakeholders to design and implement the health reforms initiated by the Government.

249. Regional Office staff visited Greece in November–December 2016 to assess the organization of public health services, to identify key central and local stakeholders, to start developing a medium-term public health strategy for the country and to specify the public health responsibilities of PHC providers. The results included a broad policy dialogue on public health reform in March 2017 to create a common understanding of the urgent need to shift the emphasis from curative care to health promotion and disease prevention, to identify the structural challenges facing public health services, to clarify challenges related to migrants and refugees, to establish a common commitment to whole-of-government and whole-of-society approaches, and to agree on emerging priorities and principles for a national strategic plan on public health. Over 250 participants attended the dialogue, including representatives of WHO, the European Commission, the Greek Government, including the ministries for health and other sectors, state agencies, local authorities, professional and patients’ associations, academe and NGOs. A second policy dialogue was then hosted by the partners:

- to initiate Greece’s collaborative programme for health care reform; and

- to highlight the need for a new strategy that strengthens public health by addressing the challenges related to migrant populations in Greece and aligns with the SDGs and Health 2020.

250. During this period, the Regional Office also worked with Greece on particular technical issues, such as exploring immediate and longer-term approaches to health technology assessment to help draft legislation on its use, to reduce excessive salt consumption and the high reliance on Caesarean section, and to change the profile of the emergency medical services.

251. Under the “strengthening capacity for universal health coverage” initiative, the Regional Office encouraged exchanges of experience between Greece and Portugal; two countries of comparable size and with similar economic, social and cultural conditions. In April 2016, Greek policy-makers made a study visit to Portugal to learn about national PHC reforms and their implementation. A second study visit in July 2016 focused on the overview and functioning of a well-established agency on health technology assessment.

252. The Regional Office, the Ministry of Health of Portugal and the European Observatory on Health Policies and Systems initiated an evaluation of critical aspects of Portuguese health policies from 2010–2018 that will be carried out in 2016–2019. It addresses relevant health experience, Portuguese developments and future options in six major domains:

- (a) developing a health strategy or plan applying the life-course approach to such challenges as the health effects of child poverty, mental ill health, diabetes, hospital infections and healthy living after 65 years of age;
- (b) reforming the national health service to increase accessibility, the quality of care and attractiveness to health professionals, and changing the public–private mix in the Portuguese health system;
- (c) taking new approaches to health promotion and people-centred, integrated health care;
- (d) assessing and managing the incorporation and impact of health technologies in the national health service and the wider Portuguese health system;
- (e) ensuring adequate health financing within severe internal and external constraints; and
- (f) improving governance by promoting information transparency and community involvement.

Health information, evidence and research for more effective policy and action

253. Providing Member States, particularly policy-makers, with information and evidence on which to base their actions to improve health is central to the Regional Office’s work to achieve Health 2020 and the SDGs, and the previous sections of this report provide numerous examples of such efforts. This section focuses on work done under the umbrella of the Regional Office’s European Health Information Initiative, a WHO network committed to improving the information that underpins health policies in the European Region, which fosters international cooperation to exchange expertise, build capacity and harmonize processes in data collection and reporting. The Initiative’s membership, which expanded to 34 in 2017, comprises Member States, WHO collaborating centres, the European Association

of Public Health, the European Commission and ECDC, OECD and other non-State actors, including The Commonwealth, EuroHealthNet and the Wellcome Trust. The Initiative's steering group meets regularly to review its progress, most recently in Denmark in March 2017. Under the Initiative, the Regional Office works to support evidence-informed policy-making by developing an action plan for the Region, making health information more available and useful to countries, strengthening their health information systems and increasing their capacity.

Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region

254. To ensure that evidence from all relevant sectors is integrated in the implementation of Health 2020 and the SDGs, the Regional Office has drafted an action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region through extensive discussions in many different forums, with input from Initiative members and guidance from the SCRC and the European Advisory Committee on Health Research. The first of its kind to be elaborated by WHO, the European action plan will blaze the trail for efforts at the global level and consolidate, strengthen and promote the generation and use of multidisciplinary and intersectoral evidence through existing policy frameworks such as Health 2020 and the 2030 Agenda. The European Health Information Initiative and the Regional Office's health information networks will catalyse its implementation. RC66 welcomed the action plan, particularly its focus on e-health and health information systems, noted that the use of evidence is crucial to ensuring timely attainment of the SDGs and the Health 2020 targets, and called on the Regional Office to harmonize and rationalize the collection of data between WHO, the European Commission and OECD to minimize the reporting burden on Member States. Member States expressed commitment to implementing the action plan and hoped that other WHO regions would follow suit.

255. At its seventh meeting in Denmark in April 2016, the European Advisory Committee on Health Research offered advice on the action plan and on the draft global plans to address interpersonal violence and the health of women, children and adolescents, and identified issues for future consideration, such as culture and health, the developmental origins of health and disease, and achieving the SDGs.

Greater availability and dissemination of health information

256. To make health information more available and useful, the Regional Office launched the European Health and Information Gateway – a one-stop shop for data, published key information on countries and work to improve health, expanded the evidence base and promoted e-health in the European Region.

European Health Information Gateway: one-stop shop for health information

257. The Regional Office's European Health Information Gateway brings together the data managed by WHO and other recognized sources, including UNESCO and UNDP. It presents its resources under the headings of themes, country profiles and infographics. Although policy-makers started using the Gateway in 2015, the Regional Office launched it for public use in March 2016, and developed a smartphone application – the health statistics app – to support it.

258. In 2017, the Regional Office launched a brand-new tool for the Gateway – the Health for All (HFA) explorer. The HFA explorer allows integrated access to the HFA family of databases, the Region’s gold-standard source of health statistics and assessment tools in key health policy areas. With the HFA explorer, users can reuse and share data as graphics, datasets, embeddable parts of web pages and social media messages in English and in Russian.

Key publications and a better evidence base

259. The Regional Office regularly publishes key information on countries and on work in countries to improve health in the European Region. It produced a new series of profiles and highlights on health in countries in 2016, on Greece, the Republic of Moldova and Slovenia, and on Bulgaria, Georgia, Malta and the Russian Federation in 2017.

260. The Regional Office published a snapshot of health in the 53 Member States in its fifth annual *Core Health Indicators in the WHO European Region 2016*, covering the main health domains by concentrating on Health 2020 indicators (health status of the population, main determinants of health and risk factors, background demographic and socioeconomic characteristics), with a special focus on the 2030 Agenda for Sustainable Development, presenting graphs and maps on key topics such as inequalities, UHC, social determinants, risk factors and NCDs. Other work on indicators includes the joint monitoring framework for the Health 2020, NCD and SDG indicators described in the section on better health for Europe.

261. Frequently mentioned in earlier sections of this report for its coverage of action by both countries and WHO, the Regional Office’s journal, *Public Health Panorama*, also featured issues on information for evidence-informed policy-making and the cultural contexts for health, in English and in Russian. Additional issues of *Panorama* in 2017 will address nutrition and obesity, environmental health and a sustainable health workforce.

262. The Regional Office has continued its work on the cultural contexts of health to create a better evidence base for key Health 2020 concepts, such as subjective well-being, community resilience and empowerment, with a generous grant from the Wellcome Trust. In 2016, WHO expanded its capacity in this area by designating the Centre for Medical History at the University of Exeter (United Kingdom) as the WHO Collaborating Centre on Culture and Health through 2020. In 2017, the Regional Office started a two-year project, funded by a grant from the Robert Wood Johnson Foundation (United States of America) to deliver strategies that 21st-century systems can use to prioritize health and well-being and to pursue the health-related targets of the SDGs. The project will devise a culture-centred approach to measuring health and well-being, develop meaningful, country-level reporting mechanisms that include quantitative and qualitative health information, and help policy-makers to better understand the key drivers of positive, holistic well-being. Also in 2017, the Regional Office held the third meeting of its expert group on the cultural contexts of health and well-being in France, hosted by co-organizer and partner UNESCO, and published a policy brief on incorporating cultural awareness in policy-making to develop adaptive, equitable and sustainable health care systems and to make policy, for example, on nutrition, migration and the environment.

E-health

263. The Regional Office's priorities for e-health in the European Region include: assisting countries to use e-health to achieve UHC, Health 2020 targets and the SDGs; developing evidence-informed health policy; and empowering individuals to make informed decisions about their health and well-being. The Regional Office pursues these goals through partnership with the European Commission in support of the annual eHealth Week, a joint endeavor since 2015. The Regional Office stepped up its participation in 2017, joining the team creating the programme for eHealth Week, which was held in Malta in May, organized by the Ministry for Health, as part of the Maltese Presidency of the Council of the European Union, with the European Commission and HIMSS-CHIME International – a partnership of the Healthcare Information and Management Systems Society (HIMSS) and the College of Health Information Management Executives (CHIME). Embodying this closer partnership, the Regional Director opened eHealth Week 2017 with the European Commissioner for Health and Food Safety, calling for “a beautiful marriage between public health and e-health”. During the event, WHO staff organized sessions on public health, featuring experts from WHO partner organizations and key stakeholders in the European Region, such as universities and public health institutions.

264. The Regional Office published a report on the development of and emerging trends in e-health in the European Region in early 2016. The report shows evidence of an increasing interest in and appetite for e-health and tangible progress in the mainstreaming of technology solutions across the Region to improve public health and health services delivery. In April 2016, Ukraine took its first steps towards developing a national e-health strategy at a workshop held by the Regional Office, the World Bank and the Swiss Agency for Development and Cooperation. The Ministry of Health took the lead in designing an action plan which, with input from the workshop, identified milestones and timelines for preparing a comprehensive strategy for the country.

Strengthening health information systems and capacity

265. Health information systems are crucial for monitoring public health in countries, providing reliable and up-to-date health information for policy-makers, stakeholders and the general public, and reporting to international organizations and monitoring frameworks, such as those for Health 2020, the NCD Global Monitoring Framework and the SDGs. The Regional Office has supported Member States to strengthen their monitoring systems, both individually and through networks, by supporting evidence-informed policy-making and by strengthening health information.

Networks for evidence-informed policy

266. The Regional Office's revitalized Health Evidence Network continues to publish syntheses of the best available evidence; these include a summary of main findings and policy options. In 2016–2017, the Health Evidence Network produced synthesis reports on intersectoral action for health and the health of migrants (see the section on better health for Europe) and the Network's 50th report is a resource kit providing guidance on developing evidence syntheses. The Regional Office also established a new network to harmonize the methodology that studies the burden of disease in countries to enable meaningful knowledge exchange. With the Institute for Health Metrics and Evaluation at the University of Washington (United States of America) and Public Health England (United Kingdom), the

Regional Office held the first meeting of the European Burden of Disease Network in the United Kingdom in September 2016. Participants included experts from the 11 participating Member States (Belgium, Denmark, Germany, the Netherlands, Norway, Portugal, the Russian Federation, Serbia, Sweden, Switzerland and the United Kingdom) and Estonia and Georgia. In August 2017, these countries met to follow up on their work plan and to discuss a manual for countries conducting studies on the burden of disease.

267. The WHO Evidence-informed Policy Network (EVIPNet) Europe, part of the WHO global initiative to promote the systematic use of health research evidence in policy-making, added two new members in 2016, bringing the total number of member countries to 19 (Albania, Bulgaria, Estonia, Georgia, Hungary, Kazakhstan, Kyrgyzstan, Lithuania, Poland, the Republic of Moldova, Romania, the Russian Federation, Serbia, Slovakia, Slovenia, Tajikistan, Turkmenistan, the former Yugoslav Republic of Macedonia and Ukraine); Greece plans to join in 2018. EVIPNet Europe builds the capacity of its members to develop policy briefs and to establish mechanisms to translate evidence into policy. In 2016, members conducted situation analyses, developed policy briefs and published the results. An evidence brief was the catalyst in Estonia's plans to reduce sugar intake and related obesity in the country, starting with a tax on sugar-sweetened drinks. EVIPNet Europe member countries met in Slovakia in June 2017 to take stock of the progress achieved and to conduct further capacity-building workshops.

268. EVIPNet Europe established a partnership with the Cochrane Collaboration to train Cochrane contributors to deliver training for EVIPNet Europe. In 2016–2017, the Regional Office published: checklists on communication and advocacy and the preparation and facilitation of policy dialogues; a report on EVIPNet Europe's work; and a manual to help members make a situation analysis of contextual factors that can support or hinder countries in identifying the organizational and operational niche of their future EVIPNet knowledge translation platforms.

Networks for groups of countries

269. The new Small Countries Health Information Network, an offshoot of the Small Countries Initiative (see the section on better health for Europe), involves the same eight countries as the Initiative. The Maltese Ministry for Energy and Health hosted the first meeting of the focal points of the Information Network in March 2016. Participants exchanged experiences and agreed on steps that their countries could take to meet common challenges in harmonizing data collection to minimize the burden of reporting. The Regional Office adopted a new gatekeeper function for data requests to Member States (see below) that particularly benefits small countries. The Network also plans to create an online communication platform to facilitate the exchange of best practices.

270. Another group of countries – the members of SEEHN (see the section on better health for Europe) – agreed to establish a health information network at the Fourth South-eastern Europe Health Ministerial Forum, held in the Republic of Moldova in April 2017.

271. A special working group of the Central Asian Republics Information Network (CARINFONET) proposed a list of joint indicators for all five member countries to use for reporting. At its next meeting in autumn 2017, the steering group of CARINFONET will consider the adoption of these indicators.

Building capacity

272. The Regional Office supports Member States in building capacity to strengthen their health information systems and evidence-informed policy-making. At Member States' request, the Regional Office assesses health information systems using the support tool developed for this purpose. The tool, piloted in Albania, Bulgaria and Ukraine in 2015–2016, revealed a strong need for capacity-building activities and for a condensed version of the tool that could be used to facilitate self-assessment. The Regional Office began revising the tool accordingly, making further assessments in Bosnia and Herzegovina and in Kosovo (in accordance with United Nations Security Council resolution 1244 (1999)) in 2017. The Regional Office held a workshop on how to use the support tool to make a comprehensive assessment of the national health information system of the former Yugoslav Republic of Macedonia in May 2017; participants included health officials and representatives of health and information institutes.

273. The Regional Office has continued its successful Autumn School on Health Information and Evidence for Policy-making. After the Autumn School was held in the Russian Federation in October 2015, an Advanced Course on Health Information and Evidence for Policy-making was held in Cyprus in June 2016. The Autumn School, held in Romania in October 2016, enabled participants to explore the full chain of policy-making from data to recommendations for Health 2020 indicators using data from their countries to the extent possible. Participants assessed available data sources for Health 2020 indicators and the quality of the data provided, and learned about:

- public health indicators in general, particularly those for Health 2020;
- the use of the European Health Information Gateway and WHO databases; and
- quality criteria for health reporting and making policy recommendations on Health 2020 priorities.

274. The Autumn School also provided insights that the participants could apply to improve their countries' health information systems. The Regional Office held the Advanced Course in Bosnia and Herzegovina in June 2017. The Autumn School is planned to take place in Georgia in October 2017.

Advancing WHO reform and financial sustainability

275. As this report shows, the Regional Office has performed all its work in 2016–2017 with Member States and other partners and as part of One WHO. To increase its effectiveness in carrying out its commitments, the Regional Office continues to contribute to WHO reform, to seek sustainable funding, to strengthen governance in the European Region, and to expand the number, depth and types of its partnerships, its technical capacity and its communications and publishing work.

WHO reform

276. As in previous years, RC66 discussed issues relating to WHO reform, focusing mainly on governance issues resulting from the Open-ended Intergovernmental Meeting on Governance Reform, the new Framework of Engagement with Non-State Actors and

managerial reforms within WHO. With the guidance of the SCRC and its subgroups on IHR (2005) implementation and governance, the Regional Office has taken part in the reform of WHO's work in health emergency management (see the section on health emergencies), established a multiyear agenda for Regional Committee sessions, strengthened the oversight function of the SCRC and improved its geographical representation, conducted regular reviews and sunseting of Regional Committee resolutions, revised the process of nominating the Regional Director and increased the transparency of nominations for membership to the Executive Board and the SCRC. In Regional Committee discussions, some Member States called for an in-depth discussion of the principles governing the adoption of regional instruments and the preparation of resolutions inspired by ministerial meetings.

277. The Regional Committee welcomed the new Framework of Engagement with Non-State Actors, which ensures that engagement with NGOs, private sector entities, philanthropic foundations and academe:

- (a) demonstrates a clear benefit to public health;
- (b) conforms with WHO's Constitution, mandate and programme of work;
- (c) respects its intergovernmental nature and Member States' decision-making authority;
- (d) supports and enhances the scientific and evidence-informed approach underpinning WHO's work;
- (e) protects WHO from undue influence and uphold its integrity, independence, credibility and reputation;
- (f) avoids conflicts of interest; and
- (g) is based on transparency, openness, inclusiveness, accountability and mutual respect.

278. Coherent implementation of the Framework across all levels of WHO is deemed crucial. The Regional Office has built its new vision for partnerships (see below) within the dictates of the Framework.

279. With recent managerial reforms, the European Region has continued to have a strong accountability framework. Eight internal audits have been performed in the last four years. The Regional Office has followed up and promptly implemented all audit recommendations. The audit of the Regional Office has identified several good practices that could be shared with other WHO regional offices, such as: monthly reports to the Executive Management Committee on achievement of results, budgeting, resources, salary gaps, award management and compliance; the communication structure and flow of information through focal points in technical units and country offices; and regular briefings for staff on finance, compliance and procurement issues. Key performance indicators, which set compliance targets, have been developed for directors and heads of WHO offices to strengthen internal controls. The methodology for strategic budget-space allocation has been applied to the initial allocation of assessed contributions for the implementation of BCAs with countries. To ensure gradual implementation, changes in allocation were limited to 20% increases or decreases of budget envelopes; the final allocation of funds was based on actual implementation in the first year of the biennium. In addition, the Regional Office has played an active role in launching WHO's global staff mobility scheme and has provided about 30% of the positions advertised for the scheme's global compendium. It has worked closely with the Staff Association of the WHO European Region on operational and administrative issues of concern to staff. The

Regional Office has been a leader in shaping WHO business intelligence and has been instrumental in influencing the design of the WHO Programme Budget Portal.

Financial situation

280. At the end of June 2017, the Regional Office's approved base budget for 2016–2017 was 89% funded. Although the Regional Office was the third best-funded major office for base budget, after WHO headquarters and the Regional Office for Africa, budget funding continued to be misaligned, with a significant variation between well financed and underfinanced programme areas. So-called pockets of poverty persist, particularly in health and environment, maternal and child health, health information and HIV. The Regional Office has relied on flexible funds allocated from the global level to bridge the gap to the extent possible for underfinanced programmes, although the predictability of such funding needs improvement in both the time of distribution and the amount available. The Regional Office continues to rely heavily on locally mobilized funds, creating a degree of financial vulnerability. The allocation of globally mobilized voluntary contributions from the global level to regional and country levels needs improvement. Programme managers receive financial information through dashboards on a monthly basis and discuss them at monthly meetings. The Regional Office reports on the implementation of the programme budget for 2016–2017 to RC67.

281. RC66 reviewed the draft proposed programme budget for 2018–2019 in conjunction with a report detailing the European Region's perspective, and provided its feedback on the strategic orientations presented and on the proposed regional budget for 2018–2019, as well as on issues related to financing. The Regional Committee discussion focused on the need to further improve the process of setting priorities and aligning the budget accordingly, as well as on the future financing of the budget, especially in view of the WHO Director-General's recent call to consider an increase in assessed contributions. Member States recognized the critical importance of improving the predictability of future financing and expressed their openness for continuing the dialogue with WHO. They called on WHO to continue its efforts to improve accountability and transparency and to further explore possibilities for gains in efficiency.

282. The 140th session of the Executive Board reviewed a revised version of the programme budget in January 2017. The Seventieth World Health Assembly adopted the programme budget for 2018–2019, setting out WHO's priorities in line with the SDGs and including increased investment in the new WHO Health Emergencies Programme and combatting AMR, in May 2017. The Regional Office presents the regional plan for implementing the programme budget for 2018–2019 in the European Region to RC67.

Partnerships for improved health and policy coherence

283. Every page of this report demonstrates the importance of partnership to the work of the Regional Office for Europe. In 2016–2017, the Regional Office sought to transform its partnerships, building on the robust relationships already established with key partners (such as the United Nations family, the European Union and its institutions, the Global Fund to Fight AIDS, Tuberculosis and Malaria and OECD), expanding them and making them work even better at every level: global, regional, subregional, national and subnational.

284. The Regional Office presents a renewed vision for the future of strategic partnerships to RC67, taking into account the 2030 Agenda and the recently adopted WHO Framework of Engagement with Non-State Actors. This vision includes a heightened focus on work at the country level, through implementation of the United Nations Development Assistance Frameworks, with the assistance of the United Nations Issue-based Coalition on Health (see the section on better health for Europe), and following the objectives, principles and modalities for continued cooperation with United Nations agencies and European Union institutions already agreed by the Regional Committee. Collaboration with intergovernmental mechanisms continues, with emphasis on the national and subnational levels. The Regional Office has increased collaboration with intergovernmental entities in the eastern part of the Region, through significantly strengthened engagement with the Health Cooperation Council and the Interparliamentary Assembly of the Commonwealth of Independent States, and the Eurasian Economic Union. The Regional Office works through transformative partnerships at all levels to support achievement of the health-related targets of the SDGs and to address the social determinants of health across agencies, sectors and civil society, involving them in policy-making and implementation.

285. The WHO Framework of Engagement with Non-State Actors aims to provide coherent rules and guidance, to make WHO's engagement with non-State actors more transparent to Member States and partners, and particularly to protect WHO from any undue influence by putting in place processes to ensure due diligence, risk assessment and risk management. To ensure immediate implementation, the Regional Office has documented the details of non-State actors and its engagements with them, to ensure accurate and complete records. WHO headquarters is preparing an electronic register of non-State actors, a handbook to clarify modes of engagement with non-State actors and a guide for staff on how to work within the Framework.

286. The Regional Office vision for partnerships proposes a policy for accrediting non-State actors. This would enable the Regional Office to strengthen its relationships with them, including by accrediting regional non-State actors not in official relations with WHO to attend meetings of the Regional Committee, in line with the Framework of Engagement. In addition, the Regional Office is committed to expanding existing collaboration to engage representatives of young people in the implementation of the 2030 Agenda at the country level. In this report, the Regional Office provides information on its vision, policies and multitude of cooperation activities for consideration by RC67.

287. In addition to the cooperation with the European Union described in previous sections, the Regional Office works with the European Commission to ensure the consideration of health in key European Union-wide strategies, such as the new European Consensus on Development and the European action for sustainability, which are structured to support the achievement of the SDGs. Further, the Regional Office and the European Committee of the Regions joined forces to improve European dialogue on health policy by signing a memorandum of understanding in November 2016.

Patron

288. As previously mentioned, the Regional Office has received invaluable support from Her Royal Highness The Crown Princess of Denmark, who has served as Patron of the Regional Office since 2005. In 2016–2017 her work included visiting the Republic of Moldova to support immunization and maternal and child health, supporting European Immunization

Week in 2016 and 2017 and World Antibiotic Awareness Week in 2016, stressing the importance of health at the Women Deliver Conference in 2016 (of which Her Royal Highness was Patron) and addressing RC66. The Regional Director praised these efforts when WHO Director-General Margaret Chan presented Her Royal Highness The Crown Princess of Denmark with a WHO Medal, recognizing her contributions to global health, in February 2017.

Working with and for countries

289. In addition to the activities described in previous sections, the Regional Office has continued to intensify its work with Member States in 2016–2017. It restructured its formal agreements with countries to include a focus on the SDGs; this involved several of the 29 BCAs as well as new country cooperation strategies agreed with Member States. Malta signed such a cooperation strategy and a BCA at the Sixty-ninth World Health Assembly in May 2016; Belgium signed its cooperation strategy at the Regional Office in November 2016. The Regional Office is in the process of developing cooperation strategies with Iceland and Italy.

290. As in previous years, the Regional Office welcomed visits by ministers and other high-level officials, an excellent platform for discussing priorities and strengthening collaboration. Delegations from Member States included ministers from Armenia, Belarus, Bosnia and Herzegovina, Croatia, Hungary, Latvia, Montenegro, Poland, Portugal and the Republic of Moldova. The Regional Office held four country days: welcoming high-level delegations from Kyrgyzstan, Norway, Sweden and Turkmenistan to the Regional Office to learn more about WHO's work and to explore areas of technical collaboration with each country in detail. In addition, the Regional Director met with heads of state, prime ministers and ministers, to advocate health and promote intersectoral work, in her visits to countries, which includes Armenia, Greece, Hungary, the Republic of Moldova, the Russian Federation, Slovakia and Slovenia.

291. The Regional Office strengthened its country presence with the appointment of WHO representatives in Albania, Armenia, Belarus, Bulgaria, Georgia, the Russian Federation, Serbia, Slovakia, Slovenia, the former Yugoslav Republic of Macedonia, Ukraine and Uzbekistan. It held annual retreats for the heads of WHO country offices in the European Region, enabling them to raise and discuss issues of common interest and to increase coordination with technical programmes. The Regional Office plans to establish new country offices in Greece and Israel in 2017. The WHO Director-General gave the WHO Country Office in Turkey an award for excellence in May 2017. In addition, close cooperation with individual countries has enabled the Regional Office to expand its technical capacity in health policy, environment and health, investment for health and development, PHC, NCD prevention and control, and health systems strengthening through geographically dispersed offices located in and supported by Belgium, Germany, Italy, Kazakhstan, the Russian Federation and Spain, respectively.

292. Member States appoint national counterparts to serve as contact people for communication on strategic and technical issues with the Regional Office. The Regional Office renewed the designation and terms of reference of its national counterparts and lists them on its website. It also continues to work with national technical focal points, nominated by Member States, who provide reviewed, updated and analysed data from their countries,

disseminate best practices and information obtained from WHO and support the implementation of BCAs in countries that have them.

293. With guidance from the SCRC, the Regional Office prepared an analytical report on performance in countries for RC67, in alignment with global reports prepared for the World Health Assembly. The report gives an overview of the Regional Office's work at the country level, both in Member States with WHO country offices and in countries without them, using performance indicator data. The report on country performance in the European Region:

- (a) describes the nature of collaboration and managerial and administrative processes for transparency and accountability;
- (b) provides information on networks, bilateral or multicountry initiatives and other channels through which WHO delivered technical support;
- (c) documents WHO's work in health emergencies and support for the implementation of the 2030 Agenda; and
- (d) outlines options for alignment with WHO reform processes at the country level.

294. Two other reports, on the Small Countries Initiative and SEEHN, were prepared to demonstrate multicountry work.

Strategic communications

295. The Regional Office continued to use a variety of means to reach its target audiences and to strengthen its role as a provider of information and evidence useful to countries in 2016–2017. Using its website, the Regional Office increased its outreach and interaction with Member States through social media channels, interactive applications (apps), virtual meetings of communications focal points, targeted workshops and trainings, and public engagement at external events.

Highlights

296. The Regional Office adopted a communications strategy for 2016–2020 in November 2016, shifting towards a proactive focus for its communications activities, with emphasis on communications for and about country work. The Regional Office integrated the implementation of Health 2020 and the 2030 Agenda for Sustainable Development in its communications outreach and products. In developing and sharing public health messages, the Regional Office has shifted its emphasis to complement quantitative data with individuals' qualitative experiences, in line with the vision of the SDGs. It has built dedicated websites to provide a knowledge hub for the Region on migration and health and provides resources for achieving health goals within the SDG framework.

297. In 2016–2017, the Regional Office developed and carried out communications campaigns – with outreach to different levels, networks and interest groups – to support its major activities, including dedicated health days, conferences and other high-level gatherings, health campaigns and meetings of WHO governing bodies. An integrated solution was introduced to provide online registration for participants of RC66 and of the high-level conferences in Paris in 2016 and in Ostrava in 2017. The online solution also provides quick access to documentation and enables participants to interact through specially designed apps.

In May 2017, the communication team at the Regional Office received an award from the WHO Director-General for their outstanding contribution to WHO's work.

Getting WHO's message out through the Regional Office website

298. In 2016, the Regional Office website attracted more traffic and gave greater visibility to WHO's work, receiving over 2.1 million visits; an 8% increase from 2015. Areas that increased significantly in popularity included the European Health Information Gateway and the subsites devoted to migration and emergencies, owing in part to interest in the Zika virus.

299. The Regional Office has made increasing and successful use of social media, videos and infographics in 2016–2017, and online publications have remained popular. The website was also essential for the sharing of data and evidence through the Regional Office's most popular database, the European HFA database, and also through the new European Health Information Gateway, which now encompasses the HFA database. The Gateway's popularity has increased dramatically; it was visited more than 32 000 times in 2016, with visits increasing by 450% since 2015.

Publishing and multilingualism

300. As in previous years, publishing has remained the primary means by which the Regional Office spreads its technical and policy messages to and beyond the European Region, primarily through its website. Each year, more than 10 times as many readers have accessed the most popular publications online as compared with printed copies: total downloads of Regional Office publications exceeded 400 000 in 2016. The most successful Regional Office publication in 2016, the HBSC report *Growing up unequal*, was downloaded over 9100 times and the subsite built around the report received nearly 12 000 visits.

301. The Regional Office has actively supported WHO's policy on multilingualism by publishing all working documents for meetings of European governing bodies, major publications and content in many areas of the website in the four official languages of the European Region (English, French, German and Russian) and by holding workshops and technical meetings in two or more languages. The Regional Office has given special attention to providing content for *Public Health Panorama* and the European Health Information Gateway in English and in Russian; and has aligned terminology in the field of public health in English and Russian glossaries.