



World Health Organization

REGIONAL OFFICE FOR Europe

WHO European Office for Investment for Health and Development

Biennial report 2016–2017



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WHO European Office for Investment
for Health and Development

**Biennial report
2016–2017**

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Edited by Nicole Satterley

Book design by Marta Pasqualato

Printed in Italy by AREAGRAFICA SNC DI TREVISAN GIANCARLO & FIGLI

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Abbreviations

AMC	Academic Medical Centre
CEE	central and eastern Europe
CHD	Centre for Health and Development Murska Sabota
CHE	Centre for Health Economics
CHESS	Centre for Health Equity Studies
DoRS	Documentation and Health Promotion Centre
EU	European Union
GDO	geographically dispersed office
GDP	gross domestic product
HAPI	Health Action Partnership International
HESR	Health Equity Status Report
(e)HiAP	(equity in) health in all policies
KISH	Košice Institute for Society and Health
LSE	London School of Economics
NEF	New Economics Foundation
NÖGUS	Lower Austrian Health and Social Fund
NRW	North Rhine-Westphalia
OECD	Organisation for Economic Co-operation and Development
PFAS	per- and polyfluoroalkyl substances
RCC	Regional Cooperation Council
RC67	67th session of the WHO Regional Committee for Europe

RHN	Regions for Health Network
SCHIN	Small Countries Health Information Network
SCI	Small Countries Initiative
SDG	Sustainable Development Goal
SDH	social determinants of health
SEE	south-eastern Europe
SEEHN	South-Eastern Europe Health Network
TB	tuberculosis
UCL	University College London
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organization

Acknowledgements

The WHO Regional Office for Europe is grateful for the continuous support of the Government of the Republic of Italy and of the Veneto Region in providing the core funding for the WHO European Office for Investment for Health and Development in Venice (known as the Venice Office). This close partnership has been instrumental for the achievements reported here.

The additional funding and in-kind support from other Member States are greatly appreciated, in particular from Germany, San Marino and Slovenia; the membership contributions to the Regions for Health Network and voluntary contributions from partnering United Nations agencies for various components of the programme are also highly appreciated.

The extensive in-country and intercountry work carried out in 2016–2017 would not have been possible without close teamwork involving many colleagues in the WHO Regional Office for Europe, the WHO European Centre for Environment and Health (Bonn, Germany) and the WHO Barcelona Office for Health Systems Strengthening (Spain), as well as all the WHO country representatives across the Region. Close collaboration with the WHO Office in Brussels (Belgium), as well as WHO Headquarters (Geneva) also played an important role in the successful implementation of the Venice Office programme.

The Venice Office very much appreciates the support and encouragement received from its large network in Italy and the WHO European Region, including the United Kingdom Department of Health (England); governments of the Member States and their agencies; WHO collaborating centres; representatives of academia, think tanks, professional bodies, civil society organizations and the private sector, as well as other United Nations agencies and multilateral organizations.

Special thanks are extended to the staff of the Order of the Knights of Malta for their hospitality during 2016 and to the Scuola Grande di San Marco for their hospitality at the new Venice Office premises, as well as to Leda Nemer for drafting large parts of this report, and to Mirko Claus for his reviews and comments.

Times of rapidly changing social and economic environments pose great challenges, but also provide new opportunities.

For a centre of excellence like the WHO European Office for Investment for Health and Development (the Venice Office), this reinforces high expectations that our work is adding real value to policy and strategy development on international, national and subnational levels, and even more to their practical implementation in a way that empowers key drivers of change and maximizes social return on investment for health and sustainable development.

Synthesizing cutting-edge evidence, prioritizing innovations, advocacy and capacity-building –not only based on the demands of today, but with a foresight for the solutions needed in both the near and long-term future – and translating the ever-increasing pressure for faster and better products and quality improvement cycles into the creative and inspiring teamwork of a learning institution with room for mentorship for the next generation of professionals; these are the day-to-day challenges. The successes and positive feedback, along with learning from mistakes, keep us highly motivated.

The core mandate of the WHO Venice Office – health promotion, addressing social and economic determinants of health and health inequities, and advocating for investments in health and sustainable development – is as relevant as ever. The second phase of WHO European Health 2020 implementation, the implementation of the 2030 Agenda for Sustainable Development and the new 13th WHO General Programme of Work 2019–2023 provide great windows of opportunity for our work.

We thank our many supporters and partners, in particular the Government of Italy and the Veneto Region, for their trust and close collaboration. I also thank our whole team here at the Venice Office, and at the regional “mothership” in Copenhagen – this report documents what we all have achieved together in 2016 and 2017, which has been a remarkable period for our office.

Chris Brown,
Head of WHO Office for Investment for Health and Development, July 2018



The team of the WHO European Office for Investment for Health and Development

Chapter 1. Who are we? The context of the WHO Venice Office's work

Background

The WHO Venice Office, Italy, is the centre of excellence of the WHO Regional Office for Europe in the thematic areas of social and economic determinants of health, health equity and investment for health in the context of the 2030 Agenda for Sustainable Development. The Office forms part of the WHO Regional Office for Europe's Division of Policy and Governance for Health and Well-being.

The Venice Office was established in 2003 after the ratification of a Memorandum of Agreement between the WHO Regional Office for Europe, the Italian Government and the Veneto Region for an initial period of 10 years; the agreement was later extended for another 10 years, split into two 5-year periods. However, since the extension was only ratified by the Italian Parliament in December 2015 and entered into force on 22 February 2016, it has been confirmed by the Italian Ministry of Health that the (current) first period of the extension will end on 21 February 2021. The Memorandum has allowed for the further strengthening, collaboration and joint pursuit of the objectives of promoting health and reducing health inequities between and within Member States of the WHO European Region.

The Venice Office is one of the so-called geographically dispersed offices (GDOs) of the WHO Regional Office of Europe. GDOs are thematically focused offices located outside the main Regional Office in Copenhagen. According to the renewed GDO strategy adapted at the 62nd session of the WHO Regional Committee for Europe in Malta in 2012, GDOs are an integrated part of the Regional Office as providers of evidence, knowledge creation and innovation, and are significant players in the development and implementation of regional policies and actions, as well as important resources for supporting Member States, through technical assistance and capacity-building.

Vision and mission

The Venice Office is contributing to the WHO vision of a world in which all people attain the highest possible level of health and well-being, which is also the core value of the European health policy framework, Health 2020 (1) and Sustainable Development Goal (SDG) 3 of the United Nations 2030 Agenda for Sustainable Development (2).

As a thematic centre of excellence of the WHO Regional Office for Europe, the Venice Office focuses on social and economic determinants of health and health equity, and investment approaches for health and sustainable development. It inspires dialogue, facilitates innovations, synthesizes evidence, supports policy and strategy development and decision-making, and promotes and builds capacity relating to health investment strategies among Member States, at both national

and subnational levels. These efforts place the promotion of health and well-being at the centre of human, social and economic development.

The Venice Office builds strong partnerships and networks with governments, the public and private sector, academia and think tanks, as well as a broad range of civil society stakeholders. It coordinates the WHO Regional Office's for Europe's Regions for Health Network (RHN) and the Small Countries Initiative (SCI).

The Office aims to improve health literacy and empower people, institutions and organizations of the public and private sectors using a health-in-all-policies, whole-of-government and whole-of-society approach. Equally, its rights-based, equity-based and gender-based approach contributes to fulfilling – together – the right to the highest attainable standard of health.

Chapter 2. The WHO Venice Office as part of WHO Europe and the greater WHO

The Venice Office in the European and the global contexts

During the reporting period (2016–2017), the European Region has seen mixed trends in both country and regional progress to improve health for all and reduce inequalities. There is increased demand for and diversity in requests for support to leadership for health equity across sectors and governments, particularly as a result of new dynamics triggered through the central positioning of health in the 2030 Agenda for Sustainable Development. Target audiences are now broader and there is a need to think wider and cross-sectorally in order to implement health in all policies. New settings are being explored and learned from, at national and subnational levels. Interest in, and alternative models of partnership and frameworks for tackling health inequities to influence social and economic determinants of health have been formulated, and the Venice Office is playing a leading role in this area.



Fig. 2.1. Global Policy Group in Venice. From left: Dr Ala Alwan, Regional Director for the Eastern Mediterranean; Dr Shin Young-Soo, Regional Director for the Western Pacific; Dr Carissa F. Etienne, Regional Director for the Americas; Dr Anarfi Asamoah-Baah, Deputy Director-General; Dr Margaret Chan, Director-General; Dr Zsuzsanna Jakab, Regional Director for Europe; Dr Poonam Khetrpal Singh, Regional Director for South-East Asia; Dr Mathshidiso Rebecca Moeti, Regional Director for Africa

Creating links within and beyond the WHO European Region

This work is carried out in synergy with the other units and divisions of the WHO Regional Office for Europe, contributing to global initiatives.

The Venice Office collaborates actively with the Division of Noncommunicable Diseases and Promoting Health through the Life-course, with a focus on prevention and health promotion, mental health, and violence and injury prevention, adding an extra dimension to the topic through an investment-for-health lens. Multisectoral action on tobacco control, nutrition and physical activity have also been integrated into the work of the Venice Office by means of the SCI, which has often chosen the latter as a theme for their annual High-level meeting. The SCI has produced a number of publications showing how Member States are tackling these challenges. A collection of case stories on intersectoral action for health and approaches to implementing the life-course approach has also showcased work carried out to address healthy ageing and disability.

The Venice Office has also collaborated with the Division of Health Systems and Public Health, with its promotion of universal health coverage (3, 4), the European Action Plan for Strengthening Public Health Capacities and Services (5) and concern about the health workforce in a number of meetings and publications that have addressed this topic in a cross-cutting way (6). Collaboration with the Division of Information, Evidence, Research and Innovation has focused on improving monitoring and evaluation for multisectoral action, trends in well-being in its various dimensions, and supporting the Small Countries Health Information Network (SCHIN).

As part of the Division of Policy and Governance for Health and Well-being, the Venice Office has made substantial contributions to national health planning; governance for health; strengthening rights and gender aspects throughout Health 2020 implementation; migrant health; Roma health; the coordination of WHO's strategy and support to the implementation of the 2030 Agenda for Sustainable Development; as well as the development of the roadmap for its implementation by building on health 2020 – a key resolution at the WHO Regional Committee for Europe (RC67) in September 2017 (7).



Fig. 2.2. Promoting intersectoral and interagency action for health and well-being in the WHO European Region (High-level Conference), Paris, 7–8 December 2016

The Venice Office was a key contributor to WHO Regional Office for Europe's High-level Conference in Paris in December 2017 on "Working together for better health and well-being" in the WHO European Region (8), addressing in particular the social and economic determinants of health and health equity, and bringing together cross-sectoral partners from governments, the United Nations, the European Union (EU), the Organisation for Economic Co-operation and Development (OECD) and other multilateral organizations, civil society academia and think tanks. In addition, the VO has benefitted from increasingly close collaboration with another GDO within the Division of Policy and Governance for Health and Well-being (the WHO Centre for Environment and Health in Bonn), resulting in a powerful approach to addressing social, economic and environmental determinants of health holistically in regional and national policies, strategies and actions.

The Venice Office has further strengthened its centre of excellence role by increasing substantially its network of leading technical and policy experts, through close collaboration with its existing network of WHO collaborating centres and by preparing the ground for new ones; specifically, in the area of investments for health and well-being and social inclusion of the most vulnerable populations.

Much emphasis has been placed on communication; particularly on strengthening visibility through social media, podcasts, interviews and newsletters. This has not only increased visibility for the stakeholders involved within WHO and its Member States, but has also attracted much interest from many other organizations, professionals and the general public.

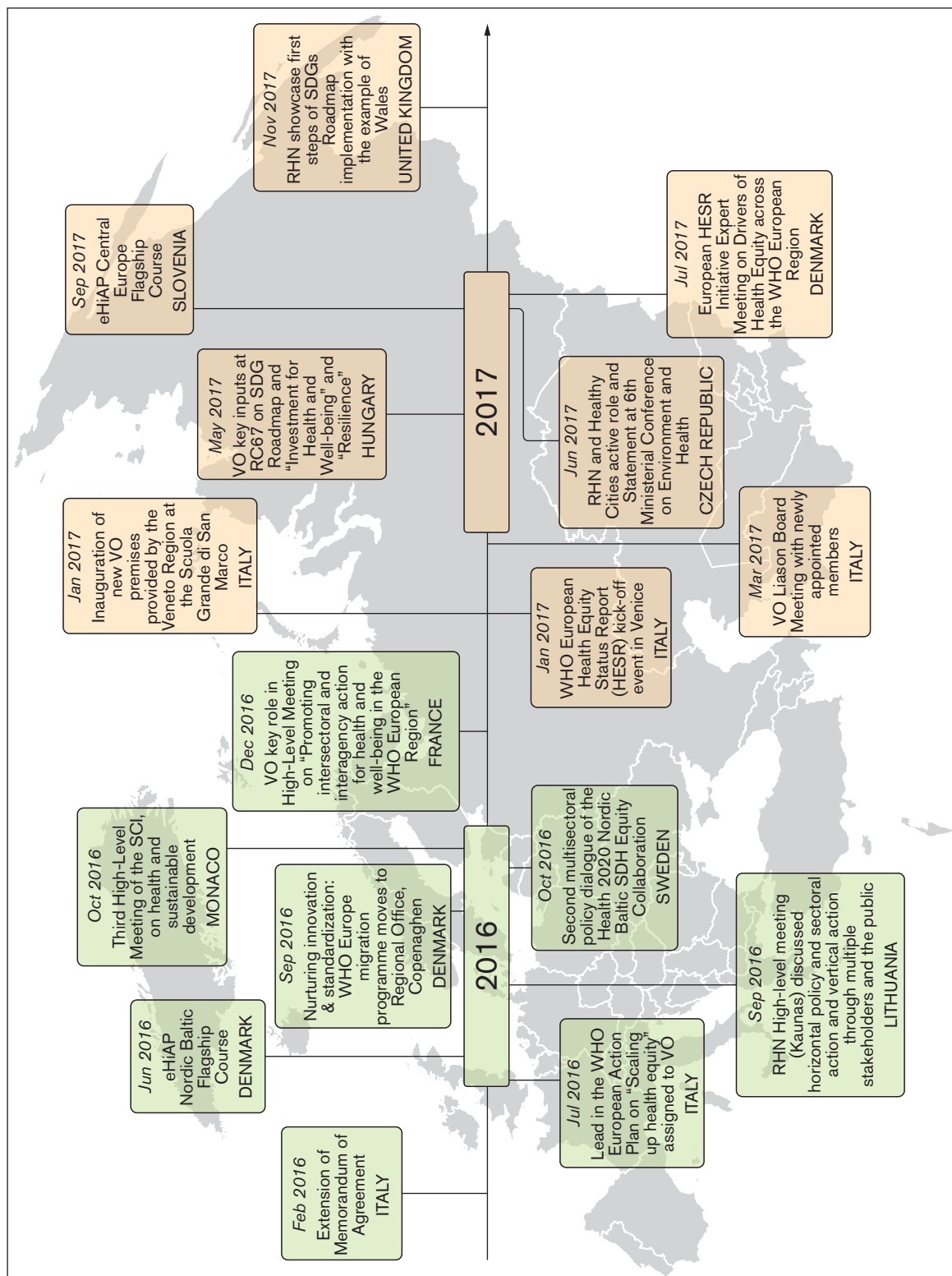
In March 2016 the Venice Office supported the organization of the WHO Global Policy Group retreat, which took place in Venice and saw the participation of the WHO Director-General, Dr Margaret Chan, and the Regional Directors of the six WHO regions. The meeting was a crucial opportunity to establish a thought-provoking link between past history and future challenges for WHO.

Furthermore, it was an occasion for the representatives from the regional and national health sectors to explain to the Global Policy Group delegation the core structure of the health system in the Veneto Region and in Italy, where health is a right of individuals and communities as stated in the Italian Constitution.

Throughout the reporting period, the Venice Office organized, co-organized and participated in various roles as keynote speakers, moderators, panellists, presenters and workshop facilitators in many international and national conferences, highlighting cutting-edge knowledge and innovations as well as sharing unique and rich experiences from the implementation of health interventions related to its core programmatic mandate on health promotion, the social and economic determinants of health, health equity, and investment approaches for health and well-being (particularly promoting the concept of social return on investment (SROI)).

The following chapters highlight the key activities and achievements of the Venice Office during the period 2016–2017.

Selected highlights on key events



Notes. VO: Venice Office. RC67: 67th session of the WHO Regional Committee for Europe.

Chapter 3. Summary of progress by thematic area

To fulfil its vision, mission and mandate as centre of excellence of the WHO Regional Office of Europe, the Venice Office programme is built on assets developed in previous years around areas and priorities that:

- best reflect demands and needs within the WHO European Region (at regional and country levels) and among Member States (at national and subnational levels);
- anticipate future dynamics in the policy environment of health and development and address them by developing cutting-edge innovations today;
- offer strong synergies with other programme areas and their networks and partners, within and beyond WHO;
- reflect realistically capacities and resources in order to ensure high-quality products and services for clients and end users, both as evidence of value added, and to serve as a business card for further resource mobilization.



Fig. 3.1. The SDH

The work programme of the Venice Office encompasses three closely interrelated areas:

- Area 1: social determinants of health (SDH) and health equity
- Area 2: healthy settings networks
- Area 3: investment approaches for health and well-being

Health equity and the social determinants

The overall strategic goals of the Health Equity and Social Determinants Programme are to:

- improve **country capacities** to invest in and implement multisectoral strategies, development plans and whole-of-government and whole-of-society approaches, which increase equity in health and address determinants in a comprehensive way;
- monitor trends and progress on **action** on health equity and the social determinants in national and regional health policies and in development plans and frameworks;
- strengthen **partnerships and increase political support and policy action** to reduce socially determined health inequities at the European and country levels.

Programme objectives are delivered through: (i) country work with ministries of health, health sector policy-makers, the wider health community (networks, institutions and academia) and partnerships with sectors of government that have mandated responsibility for policies related to the SDH; (ii) inter-country work with networks, subregional collaborations and platforms concerned with equity in health, social and economic development; (iii) intra-Regional Office work with technical programmes and divisions to strengthen WHO's capacity; and (iv) strategic partnerships with European and global institutions, the United Nations family and the academic and scientific community, including those working in the third sector and the social economy to implement equity-orientated policies and approaches for health, in practice.

There are many opportunities to make progress along these lines in current mainstream European and international policies and development processes; not least, with the increasing commitment to new models of well-being, society and development based on the goals of social, economic and environmental inclusiveness and sustainability. Key European and United Nations frameworks and policy commitments include social and economic cohesion, social sustainability, sustainable development, circular economy, community resilience, and leaving no one behind. These goals are being pursued by Member States, the United Nations, EU partners and WHO alike. This has reinforced the strategic relevance of the Health Equity and the Social Determinants Programme and at the same time created new avenues for advancing the objectives of the programme and for developing new partnerships to enhance capacities for implementation and for innovation.

Simultaneously, there are ongoing challenges and new patterns of inequity are emerging, which require a stronger voice for health in local, national and European decision-making arenas. There is an increased focus on advocacy, alliance-building and developing instruments which will strengthen political and policy accountability, to: (i) protect investments in health, and maximize new opportunities to advance health equity and well-being; and (ii) advance the goals relating to health equity within the context of pursuing inclusive, prosperous and sustainable communities and nations.

Products, services and initiatives of the Health Equity and Social Determinants Programme are delivered in the form of:

1. flagship initiatives and innovations;
2. capacity-building;
3. scientific and policy collaborations;
4. evidence and tools for policy-makers;
5. knowledge exchange and transfer into practice.

Each of these elements is described in more detail in the subsections that follow.



Fig. 3.2. Tools to show how health is an investment for inclusive and sustainable development

1) Flagship initiatives and innovations

The impact of health systems on the national and local economies; the Health System Social and Economic Footprint Initiative

In addition to the essential role the health system has in providing high-quality and universal health services to the population, it also spends and reinvests part of its operating costs and investments in the community in which it is anchored. This generates additional economic, social and sustainability benefits within local communities. The health system therefore has unrealized potential to be at the forefront, using its resources and spending to maximize economic and social value in the local area, as well as preserving the environment.

Health systems already contribute to economies, growth and development, yet they could do more with their existing funding, resources and assets. Despite this potential, the health sector is frequently overlooked in mainstream development processes and investment decisions at local, national and European levels. This stems primarily from a view that the health sector is only a cost; however, the productive, social and public benefits that can be derived from the health sector are significant.

The Health System Social and Economic Footprint Initiative aims to strengthen the voice and position of health in investment decisions and resource allocation processes. It is calculating how health systems already contribute to local economies and maximize the potential for further economic and social development (for example, through secure employment, good quality jobs, training and education).

The Health System Social and Economic Footprint Initiative is developing guidance, tools and methodologies to bridge investment decisions between health systems and ministries of finance, development and economy.

During the reporting period, the Initiative achieved several milestones:

- new work on methodologies for quantifying health sector social and economic contributions to well-being, inclusion and sustainable development;
- discussions with pilot sites in Italy, Slovenia and the United Kingdom on applying these methodologies.

The methods being tested in pilot countries will demonstrate the real contribution of health systems to local communities and the economy. The Health System Social and Economic Footprint Initiative is leading the way in the exchange of learning and experience between health systems across the WHO European Region on their economic and social contributions to inclusive and healthier societies.

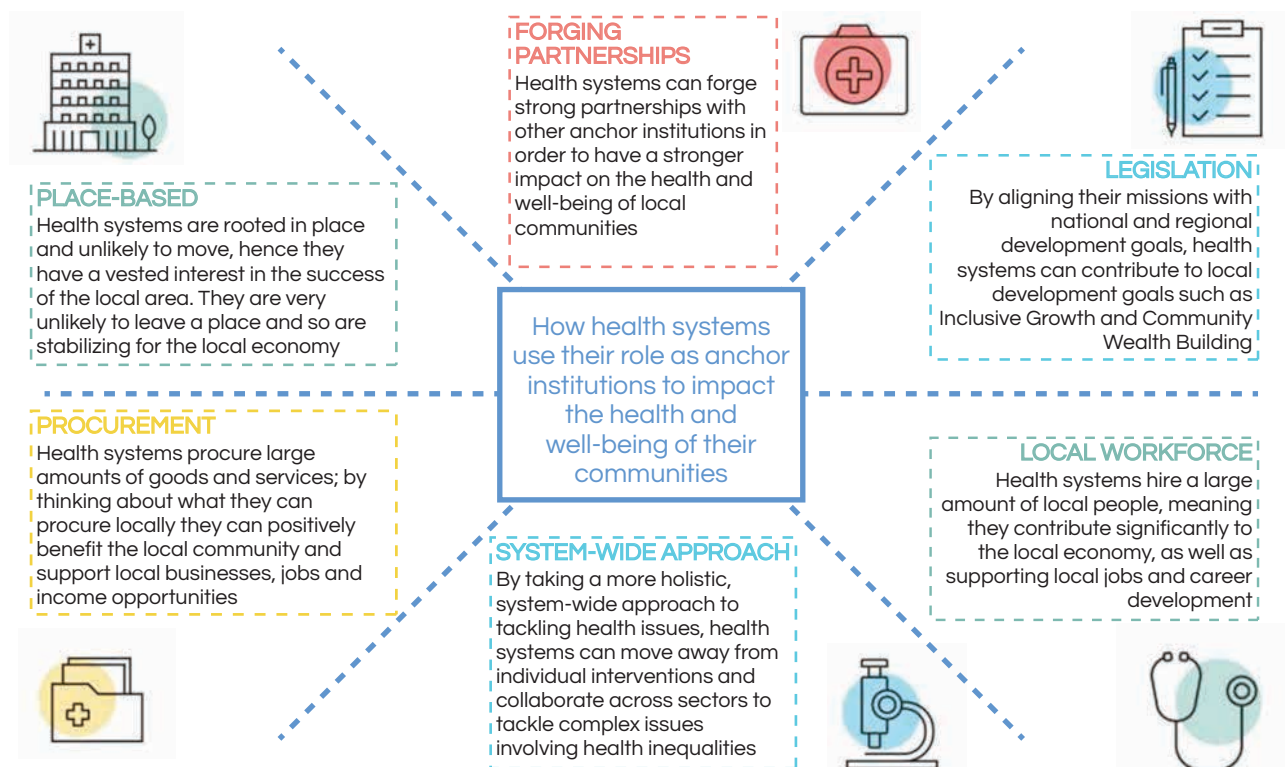


Fig. 3.3. The impact of health systems on the national and local economies

Note. A new initiative and methods are demonstrating the vital role of the health systems to economic and social development. For example, a shift of 10% of the total health system expenditure to local suppliers contributed £168–196 million to the local economy (for a city/region of 3 million people in 2017).

WHO European Health Equity Status Report (HESR)

Another innovative activity being carried out by the Health Equity and Social Determinants Programme is the production of the WHO European HESR. This tool supports advocacy and policy actions in favour of health equity and well-being within countries across the WHO European Region. The adoption of the WHO European Health 2020 policy framework in 2012 (1), the 2030 Agenda for Sustainable Development (2) in 2015 and the EU Social Pillar in 2017 all signal a commitment to change on what and how governments, society and institutions work together in the Region to achieve the maximum European health potential. At the heart of implementation are the goals to reduce health inequities, combat discrimination, take systematic action on social determinants, and make health an endeavour and responsibility of the whole of government and the whole of society.



Fig. 3.4. HESR logo

The HESR is an important tool to monitor and enable progress in each of these areas. It will produce:

- a **WHO European Region Health Equity Atlas**, which will portray health at the individual and neighbourhood levels by indicators of living and working conditions, community capabilities and income security;
- a **report on progress to implement policies on the determinants of health equity**, which will analyse and report on the implementation of key policies designed to impact on the conditions in which people grow up, live, work and grow older (i.e. policies on the determinants of health);
- a set of **new indicators and normative guidance** on policy coherence, participation, empowerment and accountability, which are **drivers of health equity**;
- **evidence synthesis papers to support policy networks in dialogue on health equity**, featuring two thematic policy papers on (i) protecting investments in health and maximizing new opportunities to advance health equity and well-being, and (ii) health equity within the context of pursuing inclusive, prosperous and sustainable communities and nations.

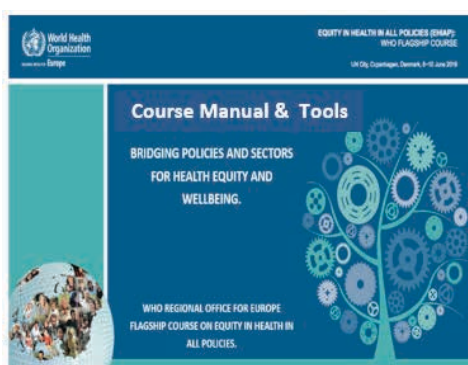
The HESR initiative achieved several milestones in the 2016–2017 biennium. It established scientific collaboration, and development and testing of a framework for monitoring progress and driving policy action on health equity within and across countries. The initiative also carried out a systematic review and identification of the drivers of good governance (accountability, participation, empowerment and policy coherence) for health equity, which aim to: prevent and combat discrimination; promote and prioritize action on health equity in cross-sectoral policies; and transform and accelerate inclusive and participatory policies and development practices.



Fig. 3.5. Drivers of equity in health

2) Capacity-building

The Health Equity and Social Determinants Programme's capacity-building products address the need to strengthen the know-how, skills and capacities for implementing cross-sectoral policies for health equity, and enable dialogue and cross-fertilization of learning on approaches between policy-makers and practitioners on the ground. During 2016–2017 the **Flagship Course on Equity in Health in All Policies (eHiAP)** met the demand from WHO European Region Member States to increase capacities and skills in how to develop and shape intersectoral policies and decision-making processes. It also set the foundation for creating stronger policy investments for increasing equity in health. The Flagship Course was designed in consultation with representatives of participating countries to ensure it would meet common priorities and real-life policy development processes at the country level.



New course brings the health, social and development sectors together to reduce health inequities

IMPACT

- 16 Member States (33% of all WHO European Region Member States) have participated in the Flagship Course
- 30% of countries that participated have translated the materials and are using them in cross-sectoral planning activities



Fig. 3.6. Flagship Course on eHiAP

The course content – designed around several interrelated modules to build skills in how to frame health equity as a shared interest across sectors – increases familiarity with techniques for analysing stakeholder interests and builds skills in agenda-setting and negotiating across sectors. Additional themes include communication skills, advocacy and how to work with the third sector and social economy to increase the participation and engagement of wider society in policy and planning related to economic, social and health priorities.

During the 2016–2017 biennium, two flagship training courses were held, with participants from 16 Member States (33% of all WHO European Region Member States). Common cross-sectoral policy priorities included health and social inclusion, collaborating with the third sector, and social economy. New materials used included Ted Talks, video case study examples and negotiation simulations.

3) Strengthening scientific and policy collaboration on health equity and the social determinants

The 2016–2017 biennium also saw a ramping up of scientific and policy collaboration in a number of areas related to health equity and the social determinants. This was achieved by means of advisory and expert groups and working with the Nordic Baltic Social Determinants and Health Equity Collaboration.

The **Scientific Expert Advisory Group (SAGE) to the WHO European HESR** provides scientific input and guidance to WHO on monitoring health status, policy progress and governance practices to improve health equity and well-being at the individual and neighbourhood levels in countries across the WHO European Region. The group comprises experts representing scientific and policy research institutes from a variety of disciplines, including political science, social epidemiology, sociology, anthropology, applied economics, public health, gender and rights, environment, and applied systems sciences. The period 2016–2017 benefited from the SAGE's unique and innovative collaboration, which drew on knowledge from a wide range of disciplines necessary to understand the complexity of health equity and well-being at multiple levels within countries.

The **Expert Group to the Health System Social and Economic Footprint Initiative on sustainable development** is a Venice Office collaboration with experts and institutions from the fields of development economics, sustainable development, public health, social research and health advocacy. The collaboration aims to build the evidence showing the interlinkages between society, the environment and the economy to help build capacity to think in new ways, while also understanding the value of other sectors' contributions. It supports new work on methodologies for quantifying the health sector's social and economic contribution to well-being, inclusion and sustainable development. The 2016–2017 biennium saw increased focus on identifying country pilot sites, stimulating policy dialogue and developing technical discussion papers.

The **Nordic Baltic Social Determinants and Health Equity Collaboration** was established in 2015 as an informal partnership of eight countries (Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden) committed to reducing health gaps across their populations. The collaboration seeks to: (i) facilitate the exchange of emerging evidence, policy experiences and promising practices in how to bridge social, economic, and health policies for health and well-being; (ii) support governments and societies by providing politicians and policy-makers with the

opportunity for subregional learning and exchange of emerging evidence, policy experiences and promising practices; (iii) contribute to increasing the European knowledge base on reducing health inequities across sectors; and (iv) promote health equity within local, national and European fora.



Fig. 3.7. Stepping up implementation of the Health 2020 vision for health equity and well-being in the Nordic and Baltic States (Nordic Baltic Social Determinants and Health Equity Collaboration High-level meeting), Stockholm, 26–27 October 2016

In October 2016 the countries of the Nordic Baltic Social Determinants and Health Equity Collaboration came together with the WHO Regional Office for Europe in Sweden to share best practices and new opportunities to reduce health inequities and address social determinants. The event brought together over 100 policy-makers from the fields of health, development, and welfare, and included representatives of private institutions, social economy and academic experts. The 2-day event enriched the European knowledge base and solidified commitment to act to increase equity in health. The event was hosted and co-chaired by the Minister of Health and Social Affairs of Sweden and the WHO Regional Director for Europe, Dr Zsuzsanna Jakab.

4) Evidence and support tools for policy-makers

There is continuing demand for evidence-informed tools and resources to support decision-makers in the design and evaluation of policies and approaches to increase health equity through addressing social determinants. Such tools contribute to the knowledge base for implementing the Health 2020 goals on reducing the health divide within and between countries of the Region, as well as informing knowledge exchange between countries on how to build and sustain policy and action that will reduce socially determined health inequities.

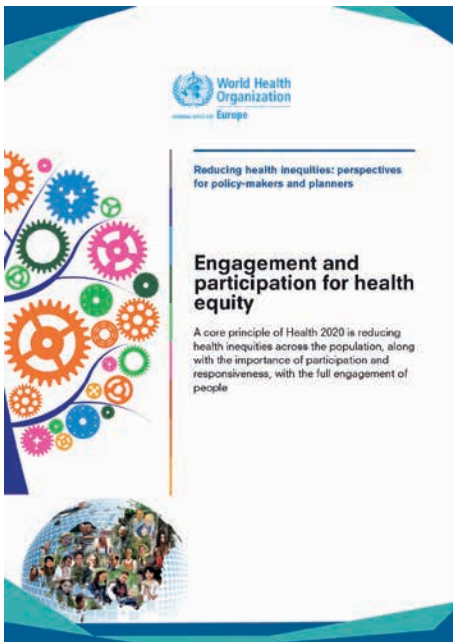


Fig. 3.8. Venice Office publication on governance for health equity, 2016–2017

A number of such tools and resources were developed during the 2016–2017 biennium, among which:

- **country health equity policy reports and in-depth reviews** in 11 Member States across the Region;
- **country health equity analysis**, with five national health equity reviews supported by the Venice Office;
- **policy briefs and discussion papers on reducing health inequities**, which have brought forward new perspectives on fundamental issues. In 2016–2017, two policy briefs were produced on the topics of *Engagement and participation for health equity* and *Issues and trends in monitoring and information for health equity*; these mark a new series of resources for policy-makers, providing insight on good practices to increase equity in health.

Evidence-informed resources for intersectoral policy-making for health equity directly support countries to strengthen policy-making and coordination to achieve better health and reduce inequities.

Included among these are:

- a **resource pack and case studies** which provide evidence on the key SDH and help ministries of health, non-health government departments and partner organizations to integrate health equity into national SDG roadmaps, along with an intersectoral policy-making resource pack to guide policy-making processes;
- **guidance, practical tools and videos**, which have been produced to support work with other sectors for equity in health, with a focus on the soft skills of eHiAP.

5) Knowledge exchange and transfer into practice

Work carried out by the Health Equity and Social Determinants Programme in this area focused on documentation and dissemination of lessons learned and good practices in addressing social determinants and equity, and health, social and economic development policies.

COUNTRIES	SUPPORT	IMPACT
BULGARIA CROATIA HUNGARY MALTA POLAND SLOVALIA SLOVENIA	<ul style="list-style-type: none"> • Capacity-building in "soft skills" to strengthen cross-sectoral policies for health equity and social inclusion 	<ul style="list-style-type: none"> • Best practices shared and new opportunities identified to reduce social inequities between health, social and development sectors • Best practices and governance for working with the social economy to reduce health inequities among older men, youth and families with small children

Fig. 3.9. The impact of Venice Office capacity-building work in 2017

Specific deliverables for the 2016–2017 biennium included: (i) four reports documenting country policy experiences and opportunities in addressing SDH and health equity; (ii) provision of technical support to 14 Member States in using evidence relating to social determinants and health equity in national intersectoral policy-making processes; and (iii) production of 10 evidence synthesis reports on policy options for addressing SDH and health equity.

TAYLORED POLICY SUPPORT TO COUNTRIES IN 2017		
COUNTRY	ACTIVITIES	IMPACT
ALBANIA	<ul style="list-style-type: none"> Analysis of health and non-health sector policies 	<ul style="list-style-type: none"> Country study on "Economic and societal return on investments in health". Used as evidence for SEE Health Strategy and the Chişinău Pledge (2017)
CROATIA	<ul style="list-style-type: none"> Tailored review of the evidence and policy options on health and employment 	<ul style="list-style-type: none"> Intersectoral dialogue to launch a new initiative between the health, employment and social sectors
LITHUANIA	<ul style="list-style-type: none"> Evidence on cross-sectoral action to improve mental health and vulnerability 	<ul style="list-style-type: none"> Intersectoral dialogue to launch a new initiative between the health, employment and social sectors
MALTA	<ul style="list-style-type: none"> Learning exchange on best practices in cross-sectoral approaches to reduce social vulnerabilities 	<ul style="list-style-type: none"> Establishment of a new national platform on improving health for all in Malta
POLAND	<ul style="list-style-type: none"> Review of best options for strengthening public health systems to deliver national equity objectives 	<ul style="list-style-type: none"> Used to guide reform of public health system to take on expanded intersectoral role and capacities in powiats (counties)
SLOVENIA	<ul style="list-style-type: none"> Capacity-building on investment for health and equity 	<ul style="list-style-type: none"> Tools used to support new community health teams in their role to reduce social vulnerabilities
TAJIKISTAN	<ul style="list-style-type: none"> Policy review and tailored evidence for cross-sectoral policies for improving early years outcomes in Tajikistan 	<ul style="list-style-type: none"> Used by Ministry of Health to develop a new national intersectoral action plan for children and youth
TFYRM	<ul style="list-style-type: none"> Pilot review of health inequities and priorities for intersectoral policies 	<ul style="list-style-type: none"> Used to inform objectives in the new National Health Policy

Fig. 3.10. Highlights and impacts of Venice Office country work in 2017: direct support to countries to develop and implement multisectoral policies for health and to reduce social inequities

Note. TFYRM: The former Yugoslav Republic of Macedonia.

Healthy settings networks

This area of work consists of networks which contribute to and strengthen investment for health and development in a number of national and subnational settings, such as the SCI and the RHN.

The SCI

As a result of an idea put forward by San Marino, the SCI was established in 2013 at an informal meeting held during the 63rd session of the WHO Regional Committee for Europe in Izmir, Turkey. **San Marino and the Venice Office are co-leading the Initiative**, which continues to benefit from funds generously provided by San Marino. It has become a platform through which Member States in the WHO European Region with populations of less than 1 million people are able to share their experiences in implementing Health 2020 and the 2030 Agenda for Sustainable Development. The countries participating in the SCI are Andorra, Cyprus, Iceland, Luxembourg, Malta, Monaco, Montenegro and San Marino.

The SCI has four key aims, namely to:

- document ways of aligning national health policies with Health 2020 and the 2030 Agenda;
- develop joint capacity-building events around the key themes of Health 2020 to promote health and reduce health inequities;
- create an environment that is supportive of the Health 2020 strategy by enhancing media engagement, with the media as an implementation partner;
- create a platform for sharing experiences in, and mutual learning about, Health 2020 implementation.

Small countries share unique contexts and needs; their size and multifaceted vicinities often better enable them to navigate the increasingly complex and turbulent global environment. Thanks to their shared sense of purpose, it is easier for small countries to set and implement policy quickly and effectively. It is this strategic agility that makes small countries ideal settings for policy experimentation and innovation. The benefits of their small size can be maximized, especially in the case of implementing broad, multisectoral policies, such as Health 2020 – which, by their very nature, require whole-of-government and whole-of-society approaches. In this way, the small countries can serve as model sites for the implementation of Health 2020 by acting as catalysers and generators of know-how. The SCI can be considered a “policy-making laboratory” since, on an annual basis, its work produces measurable outputs and brings about tangible changes in the countries concerned.

Annually, the SCI organizes meetings on topics put forward by the small countries, raising their levels of knowledge in these areas. Furthermore, the documented case stories, which are shared with other Member States, also serve as a capacity-building tool.

Several milestones have been achieved by the SCI in the 2016–2017 biennium.

- **SCI: beyond the WHO European Region.** The 3rd and 4th High-level meetings of the small countries were held in Monaco (October 2016) and Malta (June 2017), with ministers and high-level delegates from the eight small countries and with participation by ministers of health from Mauritius, Barbados and Maldives. Ministers from outside the WHO European Region praised highly the SCI and expressed interest in launching such an initiative in other WHO regions.

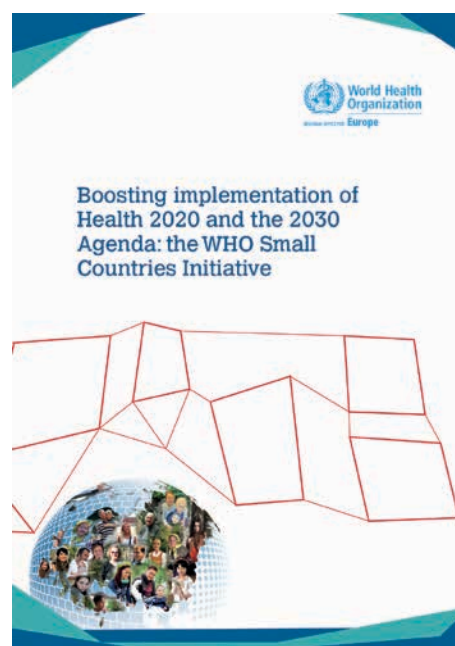


Fig. 3.11. An SCI publication, WHO Venice Office, 2017

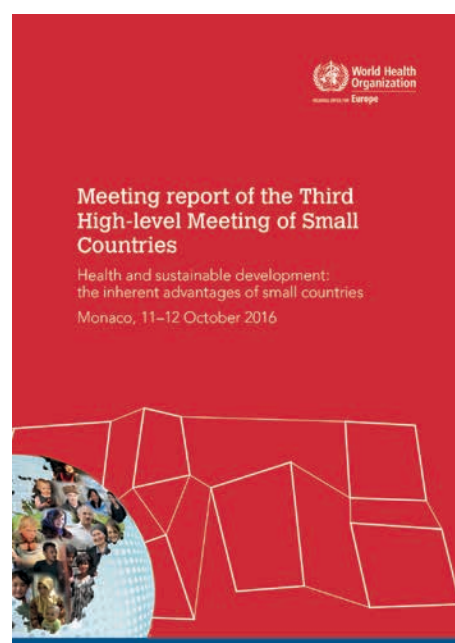


Fig. 3.12. Meeting report of the Third High-level Meeting of Small Countries, Monaco, 11–12 October 2016

- **Commitments of the small countries to key global priorities.** During the meeting in Monaco (October 2016) the ministers and high-level delegates of the small countries endorsed a statement calling for joint action on the new 2030 Agenda and, particularly, special attention to be given to the topic of climate change. In Malta (June 2017), the small countries committed to increase actions to counteract childhood obesity. This resonated with the EU Presidency priority, with the High-level Meeting of the Small Countries also being the last held under the Maltese EU Presidency. Once again, small countries proved to be fully aligned and committed towards both global and European sets of priorities.
- **Small countries at the forefront of knowledge generation.** In the 2016–2017 biennium, the small countries substantially contributed to advancing knowledge and practical know-how in three areas, through the publication of three thematic case stories: intersectoral action for health and well-being; practical application of the life-course approach; and resilience. With regards to the latter theme, SCI case stories allowed three levels to be clearly identified, at which resilience can be strengthened: individual, community and system levels. Knowledge generated in this field was also disseminated to the vast audience of the 10th European Public Health Conference (held in Stockholm in November 2017), the theme of which was sustaining resilient and healthy communities.



Fig. 3.13. Fourth High-level Meeting of the Small Countries Initiative in Malta, 2017

The RHN

The RHN was created in 1992 and was linked to three trends at the time:

- the growing international importance of the health agenda from the Declaration of Alma-Ata, the policy framework Health for All, and the Ottawa Charter for Health Promotion;
- the growth of WHO networks to support international collaboration;
- the growing importance of regions within European countries and the development of institutional arrangements to support them.

Since 2012, the WHO Venice Office hosts the RHN's Secretariat.

The Network includes 28 regions from 22 countries. It has a strong self-governance mechanism, which is facilitated by the WHO Venice Office and whose coordination is overseen by the RHN Steering Group and members, as a very strong and determinant asset of the Network itself. Since its establishment, the RHN has aimed to exchange promising practices and know-how, and develop synergies to promote health and reduce inequities at the subnational (regional) level. The RHN has evolved over its 20-year history. In 2012, soon after the endorsement of Health 2020 by the 53 Member States of the WHO European Region, the Network formulated the Göteborg Manifesto (November 2012) (9). To this day, the Manifesto remains the document which presents the vision and mission of the RHN, calling for commitment at the subnational level around the core values, principles and approaches of Health 2020. Both the Göteborg Manifesto and Health 2020 mark a clear shift in the essence of the Network: from a group of people looking to share experiences and best practices, to an alliance of regions which are striving to promote health and reduce health inequities, keeping Health 2020 as pivotal reference policy.

Networks for advocacy and learning exchange

The RHN; 28 regions, 22 countries

- **direct exposure** to WHO policies (often *invisible* to subnational level)
- **strengthening capacity** in core areas of Health 2020 and SDGs
- **platform** for exchange of experiences / practices
- **subnational voice** heard in international fora
- **peer-to-peer learning**
- collaboration across regions / **joint projects**
- getting **visibility** outside regional/country contexts
- being part of a **dynamic movement**



Fig. 3.14. Key information about the RHN

Over the years, the RHN has made significant progress, showing its added value in terms of leadership, capacity-building, networking, knowledge-sharing and partnership. RHN activities can now be mapped out around five pillars.

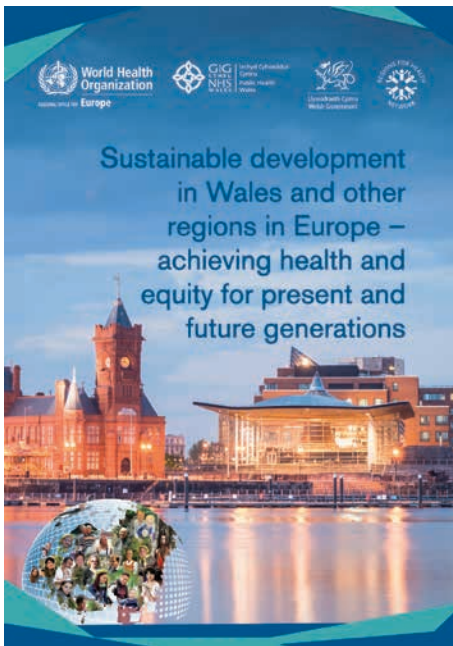


Fig. 3.15. RHN publication, WHO Venice office, 2017

- **Participation** – enhancing choral dialogue, by motivating all members to meet, exchange views and inform others about their realities and experiences.
- **Documentation** – producing a number of publications on specific topics as case stories, which encourages regions to report on their achievements.
- **Inclusion** – inviting contacts from new areas to learn about the Network and consolidating regional profiles.
- **Communication** – showing all Network members the media potential of their stories and offering networking opportunities through news items, which report on compelling stories.
- **Diversity** – innovating the portfolio of activities offered to RHN members and providing the Network with new and thought-provoking learning opportunities.

“Promoting and implementing sustainable development is a responsibility that we have not only towards ourselves, but also – and most of all – to the many generations that will follow us.”

Dr Piroska Östlin, Director, Division of Policy and Governance for Health and Well-being

The RHN is increasing its visibility in the European public health arena by organizing initiatives such as:

- study visits on core aspects of Health 2020 and the SDGs;
- summer schools that meet the needs of its members;
- workshops/capacity-building events at important public health fora, such as the European Public Health Conference;
- thematic working groups on themes such as environment, SDG implementation, and women’s health;
- publishing RHN case stories, which provide practical narratives through which good practices are presented;
- RHN communication activities, which include newsletters, a Facebook page, a Twitter account and weekly updates.

Important milestones were achieved during the 2016–2017 biennium.

- **SDGs: from global to local.** The 24th annual meeting of the RHN, held in Kaunas in September 2016, was innovative in many ways. The programme of the meeting was structured in such a way to reflect how the SDGs could be implemented at all levels: global, European, national, regional and local. This was achieved with key representatives from each level: from the WHO Regional Director for Europe, to national ministers, local representatives and also representatives of civil society, acknowledging the paramount importance of involving every citizen in the sustainable development agenda.

- **Study visits: understanding how outstanding practices are born.** Two study visits took place in 2016–2017, in Wales and Lower Austria. These activities allowed members to understand two very different and outstanding realities first-hand. In Wales, participants were able to learn how the Future Generation Act was conceived and is being implemented by means of an approach focusing on sustainable development in all policies, which remains a unique and forward-looking example at global level. In Lower Austria, participants were able to be inspired about how cross-border health care can be boosted. This experience highlighted that fact that all countries have borders and that making sure that people across borders receive equal treatment is a shared priority by all EU countries.
- **RHN regions – pioneers in many ways.** The RHN is very active on the publication front. The RHN case story series is very well received among public health professionals, far beyond the “borders” of the RHN itself. The latest RHN publication on sustainable development is based on the Welsh example of promoting sustainable development in all policies and it is the first WHO publication to offer the readers practical examples from across Europe on how to implement the recently endorsed SDG roadmap.
- **RHN: getting the subnational experience into ministerial fora.** Thanks to the RHN, the subnational (regional) level of governance now has access to ministerial fora, which were previously not available for participation. A successful event was held at the subnational level during the 6th Ministerial Conference on Environment and Health (held in Ostrava, Czech Republic in June 2017). Additionally, the RHN continues to be represented at the WHO Regional Committee and in 2017, subnational examples were featured in the plenary sessions of the programme.
- **RHN: expanding collaboration.** The RHN has intensified collaboration with the Healthy Cities Network. The collaboration has ranged from participating in the Healthy Cities Conference (and inviting reciprocal participation in RHN events) to the organization of joint events, such as during the 6th Ministerial Conference on Environment and Health and during the 10th European Public Health Conference on the theme of urban settings and health equity.
- **RHN: an authoritative voice in the international public health arena.** In the 2016–2017 biennium, the RHN was successful in expanding its presence during the European Public Health Conference – the largest technical forum in public health in Europe. In Vienna (November 2016) and in Stockholm (November 2017), the RHN organized thematic workshops – attended by large audiences – on innovative themes, such as subnational implementation of the SDGs, and gender stereotypes. Not only is the RHN contributing to the success of the European Public Health Conferences, it also ensures that important drivers of international health agendas, such as the SDGs, are given due prominence in the technical programmes of these events. This has resulted in being granted a plenary session on the 2030 Agenda for Sustainable Development in the next conference, to be held in Ljubljana, Slovenia, in December 2018.

Investment approaches to health and well-being

The Venice Office was founded based on the understanding that promoting and protecting health, preventing and treating diseases and related care and support services are investments rather than purely costs, with high social and economic value as returns.

In broad terms, these investments should be economically sound and forward-looking, socially just and inclusive, and environmentally sustainable and healthy for both people and the planet. Such investments should optimize social returns towards fulfilling the right to health as the highest attainable standard of health; that is, attainable with a sense of local and global solidarity. This has implications for the shared responsibilities of investors, whether private or public, and for the choice and governance of financing instruments; it also has implications for transparency and accountability processes, as well as technical and allocative efficiencies; and it means that these investments should benefit all, but first and foremost those who are in greatest need – and serve the health and well-being of not only current, but also future generations.

In this context, the Venice Office works at the forefront of research and its application to shape policies, strategies and implementation at global, regional, national and subnational levels.

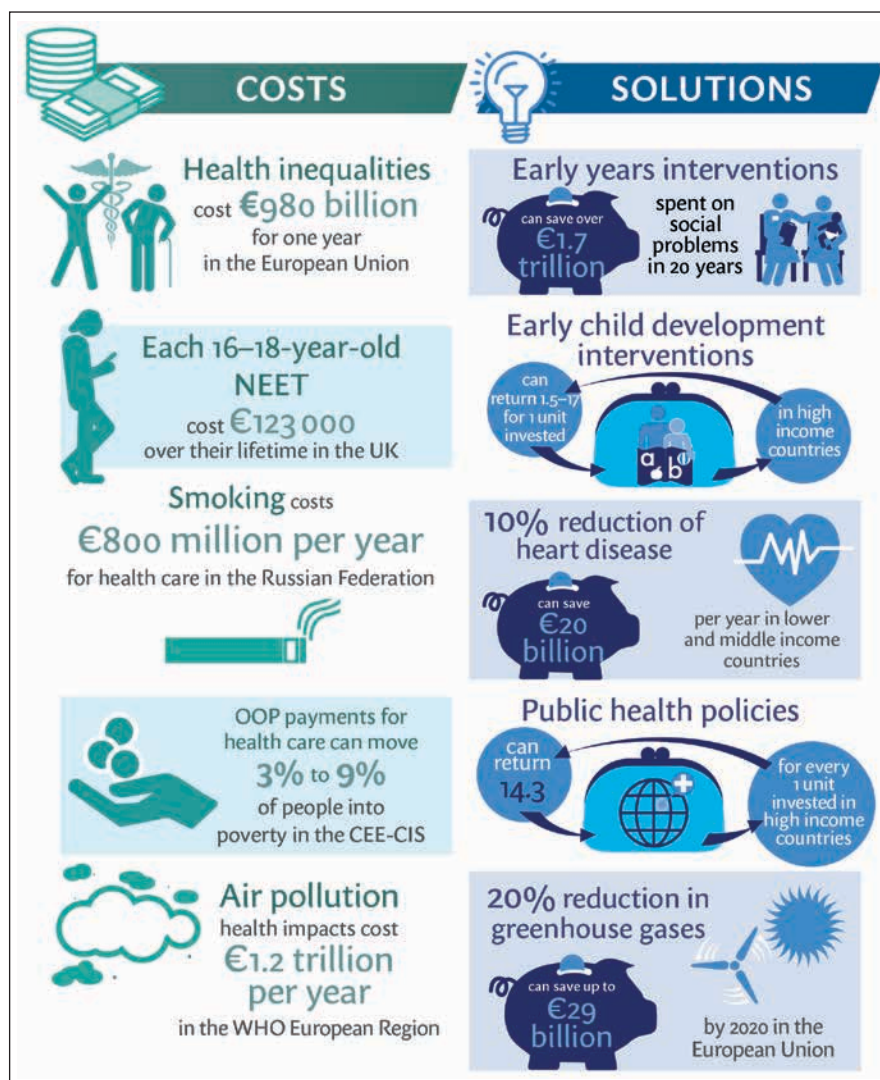


Fig. 3.16. The social and economic impacts of healthier societies

Notes. NEET: not in education, employment or training. OOP: out-of-pocket (payments). CEE-CIS: countries of Europe and Central Asia (formerly Central and Eastern Europe/Commonwealth of Independent States).



Fig. 3.17. Health Evidence Network synthesis report 51 on investment for health and well-being (10)

Development of an investment framework for health and sustainable development

As a key contribution and technical background paper to the new WHO European Roadmap to implement the United Nations 2030 Agenda for Sustainable Development, building on the Health 2020 policy framework (7), the Venice Office, together with Public Health Wales as main partner and a team of leading European experts from several Member States, have developed an investment framework for health and sustainable development, which was presented at RC67 in September 2017.

It is the first of its kind, building on the concept of SROI, with Health 2020 and the 2030 Agenda as shared value systems and a life-course and people-centred impact model at its centre. It reflects the continuum of health promotion, prevention, treatment, care and support, along with the health in all policies (HiAP), gender- and rights-based approaches, and – importantly – it addresses investment in all sectors.

In addition to the development of this framework, the team led by the Venice Office produced a widely acknowledged report synthesizing evidence on SROI from public health policies to support implementing the SDGs by building on Health 2020. The report is now serving the Member States as an important advocacy tool.

It builds on another flagship technical report produced by the Venice Office, together with the WHO Collaborating Centre for Policy Research on Determinants of Health Equity (at the University of Liverpool, England) as main partner and a team of leading European experts for RC67, summarizing the evidence synthesis regarding the impact of key policies – for example, those targeting early child development, fair employment and decent work, social protection, and the living environment – on addressing the SDH and health inequities. The report serves as a guide for Member States to identify and implement practical policy options for multisectoral interventions targeting health and sustainable development.

SROI: accounting for value in the context of implementing Health 2020 and the 2030 Agenda for Sustainable Development

SROI is a concept to account for social value when evaluating investments. It goes beyond traditional economic evaluation tools, by considering value produced for multiple stakeholders in all three dimensions of development: economic, social and environmental. The discussion paper synthesizing evidence on SROI reviews its main features (stakeholder engagement, the theory of change and accounting for social value) and finds that they are coherent with the key features of the Health 2020 policy framework and the 2030 Agenda. It concludes that SROI represents an important opportunity to evaluate cross-sectoral investments, which aim to promote health and development in the WHO European Region and beyond.

Health economy reporting

Building on the investment framework for health and sustainable development, the Venice Office has produced various knowledge products to deepen the understanding of health economy reporting at national and subnational levels as an important tool to support strategic investments in the health economy. This involves analysing such investments from the perspective of their macroeconomic impact, measured by their gross value added, employment and export–import contributions. Experiences from Member States have been shared and a cutting-edge training package for health economy reporting – which also includes foresight modules – is under development and will be finalized during 2018 with the support of the German Government.

In summary, the programme area working on investment for health and well-being has been substantially strengthened during the 2016–2017 reporting period and the Venice Office has become a high-impact driver of change through advocacy of investment approaches for health in many national and international fora.

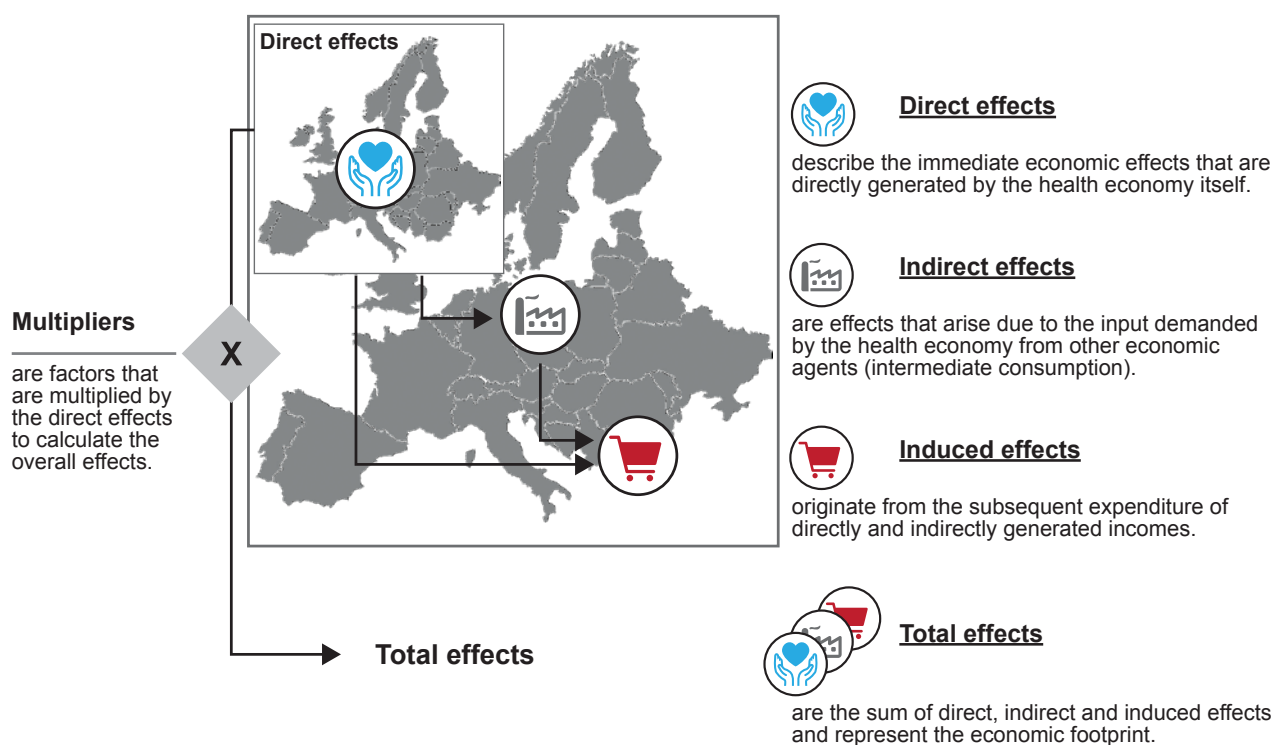


Fig. 3.18. The economic footprint of the health economy

The Public Health Aspects of Migration project (PHAME)

Until September 2016 the Venice Office hosted the PHAME project. Reflecting the further expansion of this programme to the European Region and beyond, it has been moved to the WHO Regional Office in Copenhagen, Denmark.

Box 3.1. The PHAME project

The PHAME project works closely with Member States to strengthen the health sector's preparedness and the public health capacity to better address emergency-related migration. It supports the work of policy-makers, health planners, local health professionals and others who are responsible for providing high-quality health care to migrants to build up expertise and capacity and to identify and fill potential gaps in health service delivery.

Implementation of PHAME activities continued as planned throughout the 2016–2017 biennium, providing assistance to Member States in four key areas of work.

Technical assistance provided to countries included promoting refugee- and migrant-sensitive health policies; strengthening health systems to provide equitable access to services; and promoting multilateral cooperation among countries. The PHAME programme conducted a rapid assessment mission in Turkey and collaborated with Médecins sans Frontières on an immunization campaign for refugees in Greece – both in collaboration with WHO Regional Office for Europe's Division of Communicable Diseases, Health Security and Environment. An assessment toolkit was launched, and preparations started for its adaptation to the local level through the Healthy Cities Network.

Health information and research were provided by means of establishing information systems to assess refugee and migrant health; sharing information on best practices; and improving the cultural and gender sensitivity and specific training of health service providers and professionals. Three new Health Evidence Network reports were published in collaboration with the WHO Regional Office for Europe's Division of Information, Evidence, Research and Innovation. Preparations started with the Division of Health Systems and Public Health for the development of a compendium of good practices on health system responses to migration. The Knowledge Hub on Health and Migration was launched in Sicily and preparations are ongoing to finalize its website.

Advocacy and communication were furthered by mainstreaming migrant health in the international arena through the WHO website, newsletters, and both social and traditional media. Three issues of the PHAME Newsletter were published in 2016, focusing on mental health and unaccompanied minors; the role of nongovernmental organizations; and occupational health among migrants.

Policy development was carried out in the form of several online and in-person consultations, organized with Member States, United Nations agencies and international organizations, leading to the finalization and adoption of the specific policies in countries addressing the issue of migrant health.

Chapter 4. Additional examples of national and local engagement in Italy

In addition to the activities already mentioned (including those listed in the Annexes), the Venice Office continued its active national and local engagement throughout 2016–2017. In June 2016, the former Head of the Venice Office, Dr Christoph Hamelmann met with the President of the Veneto Regional Council, Mr Roberto Ciambetti. Both appreciated the positive and productive relations that arose from this occasion.



Fig. 4.1. FOSCAMUN, a Model United Nations event, 2017

The Venice Office was actively involved in FOSCAMUN, a Model United Nations event carried out annually at the Marco Foscarini secondary school in Venice. The aim of FOSCAMUN is to disseminate knowledge among students about the United Nations, its procedures and practices, and to stimulate debate and interaction across cultures by engaging students from all over the world.

The Venice Office hosted a number of technical meetings on a range of public health issues. For example, a meeting on the occasion of the World No Tobacco Day in May 2017 on “Tobacco control and health promotion utilizing the Framework Convention on Tobacco Control (FCTC)” resulted from a joint invitation to all Italian regions by the WHO Regional Office for Europe and the Veneto Department of Prevention. A first meeting of the Health and SDGs Expert Working Group was held in January 2017, initiating the Venice Office’s involvement in this new global set of priorities. The International Network of Women Against Tobacco (Europe) met twice during the 2016–2017 biennium; its board meetings are traditionally hosted by the Venice Office in close cooperation with the Veneto local health authorities.

The Venice Office also contributed to various technical conferences in the Veneto Region, among them a conference on performance evaluation of primary care health services (November 2016), and a workshop on designing an epidemiological study of populations exposed to per- and polyfluoroalkyl substances (PFAS) in the Veneto Region (February 2017). In collaboration with the WHO Barcelona Office for Health Systems Strengthening, the Venice Office also offered technical support to the Veneto Region and to Italian authorities during a study visit in Catalonia, as well as through the Life Tech Forum (October 2017), an event in Venice in which the majority of the Italian regional health councillors took part.

The Venice Office provided assistance to the Veneto Regional Directorate for Health Promotion and Disease Prevention and the Regional Office of Schools in a meeting which took place in May 2017 at the Goldoni Theatre, consisting of a technical panel discussion on intersectoral action with 14 stakeholders and organizations, and at which a new agreement between the health and school sectors was discussed. One of the highlights involved 400 school children, with prizes awarded for drawing competitions on the topics of nutrition, physical activity, environment and agriculture (an initiative called “4A”, which stands for *alimentazione, attività fisica, ambiente e l'agricoltura* – food, physical activity, environment and agriculture). The winning drawings were converted into eight cartoons, available online on YouTube.

In August 2017, the Venice Office hosted and participated in the opening of the *Carità Colpita* (Assault on Charity) exhibition at the San Giovanni and Paolo Hospital. The exhibition showed how the Scuola Grande di San Marco – a place renowned for offering care and assistance – was affected during the bombings of the First World War.

The Venice Office participated in various other meetings and events during the 2016–2017 biennium, including:

- “Multidisciplinary perspectives on the socioeconomic determinants of health”, organized by the University of Padova;
- “Violence against children: how to detect and prevent it”, organized by the Provincial Medical Board of the Venice Province;
- a conference on physical activity, entitled *Muoviamoci, tra dovere e piacere* (Let’s move, between duty and pleasure), organized by the Directorate of Prevention, Food Safety, and Veterinary Public Health of the Health and Social Affairs Department of the Veneto Region;
- a ceremony to strengthen collaboration with the Carabinieri (the Italian Gendarmerie), for increased security;
- “Laboratory on international relationship and organizations”, as part of the Master's Degree Programme in Governance of Public Organizations, at the Ca' Foscari University, Venice;
- “Health in the Cities” in Rome, Italy, organized by the Italian Ministry of Health under the auspices of the Italian G7 Presidency. Dr Hamelmann presented an overview of the Investment Framework for Health and Sustainable Development, recently published by the WHO Regional Office for Europe.

The first Venice Office Liaison Board meeting was successfully held in March 2017. Each of the three partners of the Memorandum of Agreement (Italian Ministry of Health, Veneto Region and WHO Regional Office for Europe) has a member on the Board.

The Venice Office's achievements and contributions in Italy are acknowledged in the first Country Cooperation Strategy between the Republic of Italy and WHO, signed in 2017.

Looking ahead

Whether for the full implementation of the WHO European Health 2020 policy framework, the United Nations 2030 Agenda for Sustainable Development or the new global 13th WHO General Programme of Work (2019–2023), certain priorities and approaches will certainly play a major role; these include strengthening health promotion, addressing social and economic determinants of health and inequities, promoting investment for health across all sectors, and increasing capacities for HiAP among Member States on all levels. Universal health coverage – in the sense of fulfilling the right to the highest attainable standard of health – requires a comprehensive and balanced view on health systems across the continuum of health promotion and protection, disease prevention, treatment, care and support.

Building on the achievements of the 2016–2017 biennium, the Venice Office has in the pipeline a long list of ongoing projects with a strong start, enabling it to make major contributions internationally, nationally and subnationally in the next biennium, through all of its three programme areas. The keen interest of Member States, the high commitment of a unique network of experts leading in their respective fields, and the strong internal support from the WHO Regional Office for Europe and beyond are other assets on which the Venice Office can build, to further increase its visibility and impact. The long-term commitment and support from the Italian Government and the Veneto Region, together with increasingly diversified sources of additional funding, provide an environment of stability which is critical for a centre of excellence like the Venice Office to act and impact boldly and with a long-term strategic view.

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 **World Health Organization**
REGIONAL OFFICE FOR **Europe**

Achieving Sustainable Development Goals
European Health 2020

"Now we have a political responsibility to ensure that health and well-being are part of achieving each and every Sustainable Development Goal. We have the opportunity to put into practice the whole-of-government and whole-of-society approaches to which we subscribed through Health 2020."

Dr Zsuzsanna Jakab, WHO Regional Director for Europe







Annex 1. List of staff, consultants, interns and volunteers (2016–2017)

Mr Andrea Bertola

ICT coordinator – data analyst

Mr Andrea Parziale

Investment for Health and Development

Mrs Anna Giné March

Health Equity Status Initiative – Drivers for Health Equity

Mrs Annalisa Buoro

Secretary

Mrs Antonella Biasiotto

Programme assistant, Social Determinants of Health

Dr Brigita Lilia Marta

Communications, Regions for Health Network and Small Countries Initiative

Mrs Chris Brown

Head of the WHO European Office for Investment for Health and Development (Venice Office, July 2018)

Former Programme manager, Health Equity & Social Determinants – Coordinator WHO European Health Equity Status Report Initiative

Dr Christoph Hamelmann

Former Head of the WHO European Office for Investment for Health and Development (Venice Office, May 2016 – April 2018)

Mrs Cristina Da Rold

Communications

Mrs Diana Cagliero

Migration and Health

Mrs Elisa Rossetti

Health Investment and Migration

Dr Federica Turatto

Health Investment and Communication

Dr Francesco Zambon

Coordinator, Investment for Health and Development in Healthy Settings

Mr Jan Peloza

Health Equity and Advocacy

Mr Javier Elvira Mathez
Health Equity – Universal Basic Income and Health Equity

Mrs Juliane Koenig
Migration and Health

Mr Lazar Nikolic
Assistant to the Head of Office

Mrs Leda Eugenia Nemer
Regions for Health Network, Small Countries Initiative, and Investment for Health and Development

Mr Lorenzo De Matteis
Investment for Health and Development – legal aspects

Mr Melchior Atger
Investment for Health

Dr Mirko Claus
Research, Communication and Network-building on Investment for Health and Well-being

Mr Peter Beznec
Social Determinants of Health and Health Equity

Dr Pia Vracko
Social Prescribing

Dr Santino Severoni
Coordinator, Migration and Health

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Mrs Sarah Martin
Health Systems and Economic Footprint

Mrs Simone Renee Tetz
Administrative officer

Dr Tammy Boyce
Health Equity

Mr Thomas Byrne
Migration and Health

Mrs Valentine Grumberg
Small Countries Initiative

Mrs Yagmur Erbolay
European Health Equity Status Initiative

Annex 2. Scientific research and evaluation partnerships contributing to new evidence on determinants of health, health equity and investment approaches for health and well-being (2016–2017)

Partners	Collaboration
<p><u>Consortia of policy research institutions</u></p> <ol style="list-style-type: none"> Institute of Health Equity, University College London (UCL), London, United Kingdom http://www.instituteofhealthequity.org/ Centre for Health Equity Studies (CHESS), Stockholm University, Stockholm, Sweden http://www.chess.su.se/ Centre for Health Economics (CHE), University of York, York, United Kingdom http://www.york.ac.uk/che/ Norwich Medical School, University of East Anglia, Norwich, United Kingdom https://www.uea.ac.uk/medicine New Economics Foundation London, United Kingdom http://www.neweconomics.org/ Academic Medical Centre (AMC), Department of Public Health, University of Amsterdam, Amsterdam, the Netherlands https://www.amc.nl/ Institute of Medical Sociology, University of Düsseldorf, Düsseldorf, Germany https://www.uniklinik-duesseldorf.de/en/unternehmen/institute/institute-of-medical-sociology/ 	<p><u>Thematic reports on evidence and options for increasing equity in health</u></p> <p><i>Social protection, income and health inequities. Final report of the Task Group on GDP, Taxes, Income and Welfare. Review of social determinants of health and the health divide in the WHO European Region.</i> Copenhagen: WHO Regional Office for Europe; 2016 (https://pdfs.semanticscholar.org/baf9/66734dc44b234da2858047623d61ad8b4894.pdf).</p> <p><i>Work and worklessness. Final report of the Task group on employment and working conditions, including occupation, unemployment and migrant workers. Review of social determinants of health and the health divide in the WHO European Region.</i> Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0004/334354/EWC-task-report.pdf?ua=1).</p> <p><i>Discussion paper on economics and health inequalities. Review of social determinants of health and the health divide in the WHO European Region.</i> Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0004/315346/Discussion-paper-economics-health-inequalities.pdf?ua=1).</p> <p><i>Social justice and human rights as a framework for addressing social determinants of health. Final report of the Task Group on Equity, Equality and Human Rights. Review of social determinants of health and the health divide in the WHO European Region.</i> Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0006/334356/HR-task-report.pdf).</p> <p><i>Measurement and targets. Final report of the Task Group on Measurement and Targets. Review of social determinants of health and the health divide in the WHO European Region.</i> Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0004/302872/M-and-T-TG-final-report.pdf?ua=1).</p>

Partners	Collaboration
<p>The following institutions are affiliated with the WHO Regional Office for Investment for Health and Development (Venice Office) through the Regions for Health Network (RHN):</p> <ul style="list-style-type: none"> - Austria: Lower Austria – EU Department, Lower Austrian Health and Social Fund (NÖGUS) - Belgium: Flanders – Flemish Agency for Care and Health, Flemish Ministry of Welfare, Public Health and Family Affairs - Bulgaria: Varna – Community Council, Varna Region; Faculty of Public Health, Varna Medical University - Canada: Saskatoon Health Region, Saskatchewan Health Authority, University of Saskatchewan - Czech Republic: Healthy Cities Association - Germany: North Rhine–Westphalia (NRW) – NRW Centre for Health - Germany: Baden–Württemberg – Ministry of Social Affairs and Integration - Israel: Zfat District, Northern District – Ministry of Health of the Northern District - Italy: Autonomous Province of Trento – Health Observatory, Department of Health and Social Solidarity - Italy: Veneto Region – Directorate of Hygiene and Public Health Promotion - Italy: Friuli Venezia Giulia – Regional Health Commission; Central Health Directorate - Italy: Emilia Romagna – Regional Directorate of Health and Welfare; Health and Social Agency - Lithuania: Kaunas – Kaunas Health Promoting Region; Lithuanian Sport University - Euregio Meuse–Rhine (cross-border region) – EMR Foundation; euPrevent - Norway: Akershus – Department of Culture and Sports, Akershus County Council - Norway: Østfold – Public Health Unit; Østfold County Council - Republic of Moldova: Department of Analysis, Monitoring and Evaluation of Policies, Ministry of Health; Center of Public Health, Orhei Rayon - Slovenia: Pomurje – Centre for Health and Development, Murska Sobota - Spain: Andalusia – Quality, Innovation and Public Health Centre; Regional Ministry of Health; Andalusian School of Public Health - Spain: Catalonia – Directorate on Health Promotion, Public Health Agency of Catalonia - Sweden: Skåne – Directorate for Health, Region Skåne - Sweden: Västra Götaland – Public Health Committee - Switzerland: Ticino – Health Promotion and Evaluation Office - United Kingdom: Wales – Policy, Research and International Development Department, Public Health Wales 	<p>Collaboration included:</p> <ul style="list-style-type: none"> - development of background policies and evidence linked to Health 2020 and implementation of the Sustainable Development Goals (SDGs); - documentation of national programmes, projects and good practice across the WHO European Region; - strengthening research evidence, monitoring health data systems and the availability and use of the (intersectoral) data at the regional level; - promotion of practical approaches to driving change, particularly through intersectoral interventions (i.e. urban planning, sustainable transport, new legislation/regulation, education and training initiatives); - facilitation of participatory approaches and action across sectors by promoting the key components of governance for health using whole-of-government and whole-of-society approaches; - establishment of multi-agency programmes and projects with the public and private sectors, nongovernmental entities and civil society; - pursuit of collaborative financing and funding opportunities in support of comprehensive public health approaches in the context of austerity; - documentation of best practices reflecting Health 2020 approaches and priority areas; - gathering expert inputs and producing a publication documenting approaches from six regions in tackling the health aspects of the United Nations SDGs, with a focus on the following case examples: <ul style="list-style-type: none"> • the Well-being of Future Generations Act (Wales, 2015); • intersectoral approaches to health and development (Pomurje Region, Slovenia); • empowering local public health authorities as key drivers of an intersectoral municipal public health action plan (NRW, Germany); • national health policy for the sustainable development of regions (Kaunas, Lithuania); • reducing social failures through a comprehensive action plan for health and regional development (Västra Götaland, Sweden); • assessment of health and sustainability at the local level (Healthy Cities Network, Czech Republic).

Annex 3. Partnerships for capacity-building and technical assistance: strengthening Member States' capacity to position health, health equity and investment approaches for health and well-being at the centre of their development agendas (2016–2017)

Partners	Collaboration
Health Action Partnership International (HAPI) London, United Kingdom	<ul style="list-style-type: none"> - Documentation and evaluation of one set of national intersectoral policies for reducing health inequity (England). - Lead partner in the reformulation of the Equity in Health in All Policies (eHiAP) Flagship Course. - Focal point for the donor agreement between the WHO Venice Office and the United Kingdom.
Regional Cooperation Council (RCC) Sarajevo, Bosnia and Herzegovina	<ul style="list-style-type: none"> - Ongoing collaboration with the WHO Venice Office to support policy-makers and technical experts of the South-Eastern Europe Health Network (SEEHN) (comprising 9 countries) within the framework of implementing the health dimension of the SEE2020 Growth Strategy. - Contributors to the Health System Social and Economic Footprint Initiative.
Organisation for Economic Co-operation and Development (OECD) Investment Compact for South East Europe Paris, France	<ul style="list-style-type: none"> - Collaboration on making the case for cross-sectoral investment in early years and youth outcomes (Paris Conference, 2016).
Košice Institute for Society and Health (KISH) Košice, Slovakia	<ul style="list-style-type: none"> - Partner to the European Health Equity Status Report (HESR), contributing a discussion paper on “Using multi-stakeholder dialogues to increase equity in health”. - Organization of workshops to support Member States in reorienting their health programmes towards greater health equity, within the framework of the WHO global Innov8 initiative (2 workshops, 9 country teams).
Studorium Skopje, The Former Yugoslav Republic of Macedonia	<ul style="list-style-type: none"> - Support provided to a national social determinants of health (SDH) review feeding into the development of a new national health policy.
Norwegian Directorate of Health, Ministry of Health and Care Services Oslo, Norway	<ul style="list-style-type: none"> - Technical support provided to the development and testing of capacity-building materials and workshops on intersectoral collaboration to promote health and reduce social and economic inequities. - Financial support provided to the design of a 1-day workshop on equity in eHiAP for Nordic and Baltic countries. The workshop involved 40 policy-makers from health and development sectors in 9 countries.

Partners	Collaboration
National Board of Health and Welfare (Ministry of Health and Social Affairs) and the Public Health Agency of Sweden Stockholm, Sweden	- Lead partners for co-design and hosting the second policy dialogue of the Health 2020 Nordic Baltic Social Determinants and Health Equity Collaboration.
International Inequalities Institute, London School of Economics (LSE) London, United Kingdom	- Contributors to the Health System Social and Economic Footprint Initiative.
New Economics Foundation (NEF) Consulting London, United Kingdom	- Contributors to the Health System Social and Economic Footprint Initiative. - Panel experts at the 2017 European Health Forum Gastein “Health in all Politics – a better future for Europe” – new approaches to valuing social and economic progress in local communities.
Directorate of Prevention, Food Safety, and Veterinary Public Health – Health and Social Affairs Department Veneto Region, Italy	- Support provided to manage complex environmental contamination, specifically contamination of groundwater, surface water and drinking-water in the Veneto Region with per- and polyfluoroalkyl substances (PFAS).
Eight WHO European Region Member States participating in the Small Countries Initiative (SCI): Small Countries Health Information Network (SCHIN)	- Subnetwork to the SCI, focusing on challenges faced by the small countries in the area of health information.
Eight Member States participating in the SCI: subnetwork of communication focal points	- Subnetwork to the SCI, building a critical mass of communication officers and journalists in the countries concerned in order to foster the alignment of the media with the policies and strategies of WHO.
Regional Documentation and Health Promotion Centre (DoRS) Piedmont Region, Turin, Italy	- Collaboration on the translation into Italian of documents and policy briefs on health inequities and health promotion. - Dissemination of the developed products through the relevant communication channels of the Venice Office.
ASL (Local Health Authority) Department of Epidemiology Piedmont Region, Turin, Italy	- Collaboration and participation of Venice Office staff in events organized by the Department of Epidemiology at national and regional levels.

Annex 4. WHO collaborating centres working with the WHO Venice Office¹

<p>WHO Collaborating Centre on Social Inclusion and Health</p> <p>Interuniversity Institute of Social Development and Peace, University of Alicante</p> <p>http://www.ua.es/</p> <p>Alicante, Spain</p>	<p>This Institute supports WHO with documentation on promising practices and the production of normative guidance materials and tools for improving the health of populations experiencing poverty and social exclusion, with a specific focus on Roma and migrants, and due attention to gender equity.</p> <p>Further, it supports WHO with information exchange and awareness-raising among stakeholders, using electronic/web-based platforms, to improve the health of socially excluded populations, as well as with capacity-building activities for health policy-makers and programme managers, along with other stakeholders, on approaches to improve the health of such populations.</p>
<p>WHO Collaborating Centre on Investment for Health and Well-being</p> <p>Public Health Wales – Policy Research and International Development Directorate</p> <p>http://www.wales.nhs.uk/sitesplus/888/page/96205</p> <p>Cardiff, United Kingdom</p>	<p>The Collaborating Centre will work with WHO to support European Region Member States to mainstream rights- and evidence-based equity-oriented investment for health and well-being, to drive sustainable development at national and subnational levels.</p> <p>Support will also be provided in developing and using innovative approaches and tools to strengthen investment for health and equity, and to build resilience through HiAP action across health and non-health sectors.</p> <p>Additional assistance will focus on development, collection and effective communication of evidence and best practice, using a social return on investment (SROI) approach to improve health and well-being and reduce inequalities across the life-course and a range of settings.</p>
<p>WHO Collaborating Centre on Vulnerability and Health</p> <p>Department of Preventive Medicine, Faculty of Public Health, University of Debrecen</p> <p>http://www.nk.unideb.hu/</p> <p>Debrecen, Hungary</p>	<p>This department assists WHO in developing methodologies for equitable and comparable research on Roma health. It also works with WHO in disseminating relevant ethical research results and achievements relating to projects on Roma health.</p> <p>The Collaborating Centre contributes to WHO evidence collection, policy guidance, and advocacy material related to vulnerable groups, in particular Roma populations. It provides WHO with capacity-building materials and events for policy-makers from European Region Member States on inclusive research methods, existing research on Roma health, and the impacts of housing policies on the health of Roma populations.</p>

¹ Ordered alphabetically by city.

<p>WHO Collaborating Centre for Policy Research on Determinants of Health Equity</p> <p>Department of Public Health and Policy, Institute of Psychology, Health and Society, University of Liverpool</p> <p>https://www.liverpool.ac.uk/psychology-health-and-society/departments/public-health-and-policy/research-themes/who/</p> <p>Liverpool, United Kingdom</p>	<p>This Collaborating Centre assists WHO with evidence and policy support on the effectiveness of national and regional actions to tackle inequities in the social, economic and environmental determinants of health.</p> <p>The Centre also contributes to WHO’s work on policy learning and know-how exchange relating to working for health equity across social, economic and environmental policies and sectors. It does this by:</p> <ul style="list-style-type: none"> - carrying out expert reviews of four national intersectoral policies to reduce health inequity; - acting as lead partner to the European HESR, with responsibility for a new approach to monitoring progress and policies for health equity within countries; - synthesizing evidence and advocating for tackling intergenerational social inequities, building on personal and social capabilities approaches.
<p>WHO Collaborating Centre for Health and the Sustainable Development Goals</p> <p>Scientific Centre of Monaco</p> <p>http://www.centrescientifique.mc/fr/</p> <p>Monaco</p>	<p>This Centre’s collaboration with WHO aims to make important strides in building the evidence base on health and the SDGs, with a specific focus on climate change and the small countries.</p> <p>It focuses specifically on:</p> <ul style="list-style-type: none"> - developing capacity-building material, knowledge translation, and training with respect to environment, climate change, sustainability and health; - supporting the WHO Regional Office for Europe in implementing the European Regional Framework for Action on climate change and health in European coastal countries; - assessing the health effects of oceans, as a contribution to better understanding the health dimension of SDG Goal 14.

<p>WHO Collaborating Centre for Cross-sectoral Approaches to Health and Development</p> <p>Center for Health and Development Murska Sobota (CHD)</p> <p>http://www.czr.si/index.php/about-us-144.html</p> <p>Murska Sobota, Slovenia</p>	<p>This Collaborating Centre supports WHO to develop tools, resources and materials on approaches to address social determinants and social inequalities in health through intersectoral policies. The Centre also provides capacity-building at country level on intersectoral approaches to addressing SDH and to reducing health inequities, specifically delivering:</p> <ul style="list-style-type: none"> - multi-country workshops on investment for health for public health policy-makers in central European countries; - technical contributions to the Health System Social and Economic Footprint Initiative.
<p>WHO Collaborating Centre for Social Protection and Governance of Health</p> <p>Social Science Division, University of Oxford</p> <p>https://www.socsci.ox.ac.uk/news/towards-social-protection-for-health</p> <p>Oxford, United Kingdom</p>	<p>Oxford's Social Science Division supports the development of evidence for policy at the intersection between economic policy, social protection and health and the implementation of governance for health.</p> <p>It also contributes to the development of normative guidance backing up WHO's commitments and work in the area of intersectoral action and governance on social and commercial determinants of health.</p> <p>Reviews on policies impacting the SDH include:</p> <ul style="list-style-type: none"> - housing and health inequities; - labour market policies and health inequities; - a presentation of evidence on using economic multipliers to make the case against disinvesting in public policies.
<p>WHO Collaborating Centre on Health Systems and Policies in Small States</p> <p>Islands and Small States Institute, University of Malta</p> <p>https://www.um.edu.mt/islands</p> <p>Msida, Malta</p>	<p>The Institute works with WHO as a centre of excellence to:</p> <ul style="list-style-type: none"> - develop frameworks and policies for strengthening resilience in small-state health systems; - co-organize capacity-building events on health system leadership and governance in the specific contexts of small states; - support health information systems and evidence generation in small states; - develop appropriate performance assessment mechanisms for small-state health systems.

Annex 5. Country/subnational support provided by the WHO Venice Office in the WHO European Region (2016–2017)

Country/ Territory/ Area	Work delivered
Albania	A country study was finalized and included in a report on “Economic and societal returns on investments in and for health”– the report was a background document to the 4th South-eastern Europe Health Ministerial Forum (April 2017, Chişinău, Republic of Moldova).
Bulgaria	<p>A country study was finalized and included in the report “Economic and societal returns on investments in and for health”.</p> <p>An evidence resource tool was produced for bridging the SDGs for health and health equity.</p> <p>Two case studies were finalized to support countries in localizing health equity in national SDG processes (in the areas of mental health and child health).</p> <p>A Bulgarian delegation participated in the WHO Flagship Course on eHiAP for central European countries (September 2017, Ljubljana, Slovenia).</p> <p>A follow-up national course on eHiAP was held in November 2017.</p>
Croatia	<p>A Croatia delegation participated in the WHO Flagship Course on eHiAP (September 2017, Ljubljana, Slovenia).</p> <p>A policy review produced on work and health in Croatia. The review is being used to strengthen intersectoral dialogue and work between the health, employment and social sectors. It will specifically address the following issues: (i) getting people with health problems to return to work quickly; and (ii) reducing the risk of impoverishment, social exclusion and mental illness for those with chronic health conditions that limit their access to employment.</p>
Hungary	A Hungarian delegation participated in the in the WHO Flagship Course on eHiAP (September 2017, Ljubljana, Slovenia).
Lithuania	<p>Four delegates participated in the Social Determinants and Health Equity Collaboration policy dialogue (October 2016, Stockholm, Sweden).</p> <p>An evidence resource tool was produced for bridging the SDGs for health and health equity.</p> <p>Two case studies were finalized to support countries in localizing health equity in national SDG processes (in the areas of mental health and child health).</p>
Latvia	Four delegates participated in the Social Determinants and Health Equity Collaboration policy dialogue (October 2016, Stockholm, Sweden).
Malta	<p>Two High-level meetings of the SCI were convened (2016 and 2017).</p> <p>Inauguration took place of two WHO collaborating centres:</p> <ol style="list-style-type: none"> 1. WHO Collaborating Centre on Health Systems and Policies in Small States at the Islands and Small States Institute, University of Malta, Msida, Malta (https://www.um.edu.mt/islands); 2. WHO Collaborating Centre for Health Professionals, Education and Research at the Department of Clinical Pharmacology & Therapeutics, University of Malta, Msida, Malta (https://www.um.edu.mt/library/oar/handle/123456789/690). <p>A Maltese delegation participated in the WHO Flagship Course on eHiAP for central European countries (September 2017, Ljubljana, Slovenia).</p>

Country/ Territory/ Area	Work delivered
Malta (cont.)	<p>Technical assistance, policy exchanges and training have contributed to the establishment of a new national platform on improving health for all in Malta. The platform is a coalition across government sectors, civil society, research and academic partners, as well as with the economic sector for health.</p> <p>A workshop was held on “Building resilience to improve health and well-being in Malta” (October 2017), presenting state-of-the-art knowledge and evidence on the concept of building resilient systems that promote health and well-being, as well as application to the context of epidemiological trends and health system challenges facing the health sector in Malta as a result of economic, social and environmental change.</p>
Poland	<p>A report was produced as guidance to the Ministry of Health on good practices in organizing the delivery of services to address the social and economic determinants of health and health equity at the national and regional levels, with a special focus on public health services and delivering advice at the intermediate level of self-government in Poland (<i>powiats</i>; counties).</p> <p>Another report was introduced at a conference for key stakeholders and decision-makers in the area of SDH and health policies. This work directly contributes to mainstreaming SDH and equity into the work on essential public health operations.</p> <p>A Polish delegation participated in the WHO Flagship Course on eHiAP for central European countries (September 2017, Ljubljana, Slovenia).</p>
Romania	The Toolkit on Social Participation was translated into Romanian language.
Slovakia	<p>A Slovak delegation participated in the WHO Flagship Course on eHiAP for central European countries (September 2017, Ljubljana, Slovenia).</p> <p>Training courses were carried out for Roma mediators to help general practitioners monitor the situation generally, and to help tuberculosis (TB) specialists monitor patients with TB, ensuring they observe treatment regimes.</p> <p>A case study was produced, analysing Roma death certificates to identify underlying causes of premature mortality and to guide further action.</p>
Slovenia	<p>A Slovene delegation participated in the WHO Flagship Course on eHiAP for central European countries (September 2017, Ljubljana, Slovenia).</p> <p>Support was provided to pilot new methodologies and evidence for quantifying the health sector’s social and economic contribution to well-being, inclusion and sustainable development.</p>
Tajikistan	A country policy review was produced, including best available evidence and options for cross-sectoral policies for improving early years outcomes in Tajikistan. The work is being used to support the Ministry of Health in strengthening the intersectoral working group and implementing a new national intersectoral action plan for children and youth.
The former Yugoslav Republic of Macedonia	A national report was produced on SDH.
Kosovo ²	<p>A participatory dialogue was conducted (December 2017) on the role of health in inclusive and sustainable development and economic growth, including:</p> <ul style="list-style-type: none"> - stakeholder mapping and consultation - development of a concept note (jointly with the United Nations Kosovo² Team) - production of a discussion paper. <p>The dialogue included six ministries and the Prime Minister’s Office, along with a broad range of stakeholders.</p>

² References to Kosovo should be understood to be in accordance with Security Council Resolution 1244 (1999).

Annex 6. Knowledge products of the WHO Venice Office (2016–2017)

Adopting a broader concept of health and well-being in the development of the Trentino health plan (2015–2025): a participatory process. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0018/318141/RHN-Trentino-health-plan-20152025.pdf?ua=1).

Advocating intersectoral action for health equity and well-being: the importance of adapting communication to concept and audience. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/__data/assets/pdf_file/0017/330560/Advocating-intersectoral-action-ljubljana-report.pdf?ua=1).

Boosting implementation of Health 2020 and the 2030 Agenda: the WHO Small Countries Initiative. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/__data/assets/pdf_file/0010/347950/malta-20170830-h1000-web.pdf?ua=1).

Bosáková L. A bottom-up approach to employment: an example of good practice. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0009/374328/20180613-bottom-up-broz-6-ho835.pdf).

Boyce T, Brown C. Engagement and participation for health equity. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/__data/assets/pdf_file/0005/353066/Engagement-and-Participation-HealthEquity.pdf).

Building resilience: a key pillar of Health 2020 and the Sustainable Development Goals. Examples from the WHO Small Countries Initiative. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/__data/assets/pdf_file/0020/341075/resilience-report-050617-h1550-print.pdf?ua=1).

Discussion paper on economics and health inequalities. Review of social determinants of health and the health divide in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0004/315346/Discussion-paper-economics-health-inequalities.pdf?ua=1).

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Annex 7. Contribution of the WHO Venice Office to European and global conferences and workshops (2016–2017)

- Conference: “A community-based approach to support and meet the health needs of local populations”. Ljubljana, Slovenia, 30 March 2016.
- First face-to-face meeting of the RHN Steering Group. Venice, Italy, 18–19 April 2016.
- Global training and orientation meeting on Innov8 approach for reviewing national health programmes to leave no one behind. Manila, Philippines, 18–20 April 2016.
- Technical meeting for measuring and monitoring action on the social determinants of health. Ottawa, Canada, 20–22 June 2016.
- United Nations technical meeting: “Methodological approach and tools for NCD investment”. Moscow, Russian Federation, 22–23 June 2016.
- Summer school: Advocacy and translation of evidence for different audiences on intersectoral action for health equity and well-being. Ljubljana, Slovenia, 6–7 July 2016.
- Scientific committee meeting: Preparatory meeting on promoting intersectoral and interagency action for health and well-being in the WHO European Region. Paris, France, 11 July 2016.
- Technical preparatory meeting: Promoting intersectoral and interagency action for health and well-being. Paris, France, 11–12 July 2016.
- 11th European Conference on Health Economics (EUHEA Conference). Hamburg, Germany, 14–16 July 2016.
- 23rd Annual meeting of Regions for Health Network: “Achieving a healthy, sustainable society: the need for integration, inclusion and coherence at international, subnational and regional levels”. Kaunas, Lithuania, 22–23 September 2016.
- 23rd annual meeting of the Regions for Health Network: “Regions: achieving a healthy, sustainable society. The need for integration, inclusion and coherence at international, subnational and regional levels. Kaunas, 25–27 September 2016.
- 12th Conference of European regions and Cities. Salzburg, Austria, 25–27 September 2016.
- Workshop: Urban Biodiversity and Health in the Face of Climate Change. Opportunities, challenges and evidence gaps – towards management and policy recommendations. Isle of Vilm, Germany, 4–7 October 2016.
- Third High-level Meeting of the Small Countries: “Health and sustainable development: the inherent advantages of small countries”. Monaco, 11–12 October 2016.
- Scientific committee meeting: preparation for the Annual Healthy Cities Conference 2017. Copenhagen, Denmark, 21 October 2016.

- Stepping up implementation of the Health 2020 vision for health equity and well-being in the Nordic and Baltic States. Nordic Baltic Social Determinants and Health Equity Collaboration. Stockholm, Sweden, 26–27 October 2016
- High-level meeting of the Nordic Baltic Social Determinants and Health Equity Collaboration: Stepping up the implementation of the Health 2020 vision for health equity and well-being in the Nordic and Baltic States. Stockholm, 26–27 October 2016.
- Meeting: “Doing more, doing better and leaving no one behind: addressing the social, economic and environmental determinants of health and health equity”. UNDP Istanbul Regional Hub, Istanbul, Turkey, 31 October to 2 November 2016.
- RHN workshop: “Empowering all for health. Engaging citizens in health policy development: experience from the field”. 9th European Public Health Conference “All for Health, Health for All”. Vienna, Austria, 9–12 November 2016.
- RHN workshop: “New agenda for sustainable development across European countries and regions: achieving health and well-being for all”. 9th European Public Health Conference “All for Health, Health for All”. Vienna, Austria, 9–12 November 2016.
- 7th European Alcohol Policy Conference. Ljubljana, Slovenia, 22–23 November 2016.
- High-level Conference: “Working together for better health and well-being: promoting intersectoral and interagency action for health and well-being in the WHO European Region”. Paris, France, 7–8 December 2016.
- UHC2030 international conference: “Working together to strengthen health systems”. Geneva, Switzerland, 12–13 December 2016.
- Stakeholder consultation: Environment and health for European cities in the 21st century: making a difference. Utrecht, Netherlands, 13–14 December 2016.
- High-level Ministerial meeting: Health employment and economic growth. Geneva, Switzerland, 14–15 December 2016.
- International conference: Supporting governments develop the investment case for NCDs and tobacco control. Geneva, Switzerland, 25–26 January 2017.
- Coalition of Partners Expert Meeting: Strengthening public health capacities and services in Europe. UN City, Copenhagen, 30–31 January 2017.
- Joint meeting: Health Inequalities in European Welfare States (HiNEWS) and University of Alicante. Alicante, Spain, 14–15 February 2017
- Veneto Region international scientific symposium: “Designing an epidemiological study on PFAS exposed population in Veneto Region”. 22–23 February 2017, Venice, Italy.
- WHO European Healthy Cities Network Annual Business & Technical Conference: “Building healthy cities: inclusive, safe, resilient and sustainable”. Pécs, Hungary, 1–3 March 2017.
- WHO Regional Office for Europe Global health diplomacy course for small countries, organized by WHO Europe Strategic Relations with Countries (product offered to Small Countries and RHN Steering Group members). Nicosia, Cyprus, 13–15 March 2017.
- Meeting: Expert Group on Social Determinants and Health Inequalities (European Union). Luxembourg, 14–15 March 2017.

- Istanbul Development Dialogues 2017: Risk and resilience. Istanbul, Turkey, 23–24 March 2017.
- Charter for International Health Partnerships in Wales Celebration Conference: Networks and partnerships – Wales Collaborating for Global Health. Cardiff, Wales, 27 March 2017.
- Fourth SEE Health Ministerial Forum: “Health, well-being and prosperity in CEE by 2030 in the context of the Sustainable Development Goals of the UN”. Chişinău, Republic of Moldova, 3–4 April 2017.
- European Committee of the Regions and WHO Regional Office for Europe joint meeting: “Health in cities: making it everyone’s business”. Brussels, Belgium, 10 May 2017.
- UNESCO Institute for Lifelong Learning international research workshop: The impact of adult learning and education on health and well-being. Hamburg, Germany, 15 May 2017.
- Conference on intersectoral action between the health and school sectors – Health Promotion and Disease Prevention Directorate and the Regional Directorate for Education of the Veneto Region. Venice, Italy, 16 May 2017.
- Veneto Region study visit to Barcelona on primary health care for local health unit directors. Barcelona, Spain, 22–22 May 2017.
- WHO expert consultation on environmental health equity. Bonn, Germany, 23–24 May 2017.
- Workshops at Trento Festival of Economics on Health Inequalities (*La Salute Disuguale*): “Theory and practice in reduction of health inequalities in Europe” (*Teoria e pratica della riduzione delle disuguaglianze della salute in Europa*) and “Alliances for healthy citizenship rights. Promotion of physical activity” (*Alleanze per i diritti di cittadinanza in salute. Promozione dell’attività motoria*). Trento, Italy, 3 June 2017.
- Fourth High-level Meeting of the Small Countries: “Building resilient and healthy communities”. St Julian’s, Malta, 26–27 June 2017.
- Side event at the 6th Ministerial Conference on Environment and Health: Cities and regions – building environmental and social resilience in the context of the global environmental changes. Ostrava, Czech Republic, 13 June 2017.
- RHN study visit to Wales: “Sustainable development approaches to health and equity”. Cardiff, Wales, 27–28 June 2016.
- Kazakhstan primary health care study visit to the Veneto Region. Venice, Italy, 3–4 July 2017.
- WHO expert meeting: Drivers of health equity across the WHO European Region. UN City, Copenhagen, 10–11 July 2017.
- 24th International Conference of Europeanists: “The Politics and Sociology of Health Inequities” and Special Interest Group on Health Equity in a Global World. Glasgow, 14–15 July 2017.
- Second face-to-face meeting of the RHN Steering Group. Venice, Italy, 28–29 August 2017.
- Resilience breakfast session: 67th session of the WHO Regional Committee for Europe. Budapest, Hungary, 12 September 2017.
- 67th session of the WHO Regional Committee for Europe. Budapest, Hungary, 11–14 September 2017.
- Meeting of the WHO Gender, Equity and Human Rights Focal Points. Geneva, Switzerland, 12–14 September 2017.
- Meeting of the WHO Social Determinants of Health Focal Points. Geneva, Switzerland, 14–15 September 2017.

- WHO Flagship Course on eHiAP. Ljubljana, Slovenia, 18–20 September 2017.
- RHN study visit to Lower Austria: Cross-border health care. Sankt Pölten, Austria, 20–22 September 2017.
- European Health Forum Gastein: “Transformative approaches for equity and resilience in the WHO European Region”. Bad Hofgastein, Austria, 5 October 2017.
- Emilia-Romagna presentation on the social and health plan: “If social and health work together” (*Se sociale e sanitario lavorano insieme*). Reggio Emilia, Italy, 9 October 2017.
- Workshop: “Building resilience to improve health and well-being in Malta”. Lija, Malta, 17 October 2017.
- Welsh Public Health Conference: Building on our strengths for a healthy, sustainable future. Cardiff, Wales, 26–27 October 2017.
- Life Tech Forum. Venice, Italy, 26–27 October 2017.
- 10th European Public Health Conference: “Sustaining resilient and healthy communities”. Stockholm, Sweden, 1–4 November 2017.
- RHN workshop at the 10th European Public Health Conference: “The sustainability agenda: actions required to maximize impact across countries and regions”. Stockholm, Sweden, 1–4 November 2017.
- RHN workshop at the 10th European Public Health Conference: “Transformative health promotion: why gender stereotypes and culture matter”. Stockholm, Sweden, 1–4 November 2017.
- RHN workshop at the 10th European Public Health Conference: “Urban environments: actions for health and equity”. Stockholm, Sweden, 1–4 November 2017.
- Pre-conference to the 10th European Public Health Conference: “Opportunities and challenges arising from European integration for health systems in small states”. Stockholm, Sweden, 1–4 November 2017.
- Conference: “From promotion of physical activity to prescribing of physical activity” (*Dalla promozione dell’attività motoria alla prescrizione dell’esercizio fisico*). Zelarino-Mestre, Italy, 9 November 2017.
- Noncommunicable diseases training course with multisectoral teams from the subnational level. Moscow, Russian Federation, 21–25 November 2016.
- Second Expert Meeting of the Coalition of Partners to Strengthen Public Health Capacities and Services in the European Region: “How do we collaborate powerfully and accelerate targeted action?”. Rome, Italy, 28–30 November 2017.
- Kosovo³ participatory dialogue on the role of health in inclusive and sustainable development and economic growth. Pristina, Kosovo,³ 3–6 December 2017.
- International conference: Health in the cities. Rome, Italy, 11 December 2017.
- Policyworkshop on the future of public health in Germany at the “Symposium des Zukunftsforums Public Health”. Berlin, Germany, 11–12 December 2017.
- Regional project event organized by Friuli Venezia Giulia region: “The Project ADESSO, Health and Safety” (*ADESSO, Salute e Sicurezza*). Udine, Italy, 12 December 2017.

³ References to Kosovo should be understood to be in accordance with Security Council Resolution 1244 (1999).



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