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Health 2020: seven years on

Lessons learned from the implementation of the European health policy framework

This report describes progress in implementing the Health 2020 policy framework in the WHO European Region, as well as the efforts made by the WHO Regional Office for Europe to support its implementation in Member States, from 2012 to 2019. It summarizes developments and achievements with respect to the commitments made in resolution EUR/RC62/R4. This report focuses on the period since the midterm progress report on Health 2020 implementation (document EUR/RC66/16) was submitted to the WHO Regional Committee for Europe in 2016.

Seven years into the programme, Health 2020 has proved to be effective in triggering commitments from an increasing number of countries across the Region to improve governance for health and address health inequities. The Regional Office has successfully aligned all of its programmes with the strategic objectives of Health 2020, which significantly anticipated the United Nations 2030 Agenda for Sustainable Development, including the Sustainable Development Goals (SDGs), and WHO's Thirteenth General Programme of Work.

A draft resolution on this topic is also submitted for the consideration of the Regional Committee.

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Introduction

1. Health 2020, the European health policy framework and strategy, was initiated at a time of significant political, economic and social change. Demographic and epidemiological transitions, as well as a wider understanding of the multiple determinants of health, gradually caused a major shift in public health perspectives: the realization that the ability to reap potential health benefits, just as with tackling health threats, requires political decisions at all levels. Therefore, visible advocacy through clear arguments became an increasingly prominent area within public health.

2. At the beginning of the mandate of the new WHO Regional Director for Europe in 2010, the time was right for the WHO Regional Office for Europe to initiate a process for developing a visionary health policy framework for the equitable improvement of health and well-being, appropriate to 21st century needs and global challenges. It was agreed that such a framework would build on the powerful concepts previously developed by the Regional Office – such as the first ever common European health policy, the European strategy for attaining health for all (document EUR/RC30/R8 Rev.2) and subsequent targets, and Health21: the health for all policy framework for the WHO European Region – in a new way.

3. Developments during the first 10 years of the 21st century radically transformed the expectations of Member States with regard to health policy. Countries wanted more than “what to do” messages and information, they wanted to know “how to do”. By 2010 therefore, a new strategic vision was needed that took into account the diversity of the Member States and the different health problems they faced, which was non-prescriptive, but which provided tailored guidance for shaping countries’ health policies in an uncertain and fluid environment.

4. Around the same time, experiences gained in the economic crisis and subsequent period of austerity confirmed the need for more highly developed public health leadership and an expanded understanding of the macroeconomic impact of health on overall development. Another driver of the process of creating the new health policy framework was the above-mentioned increasing recognition of the role of the whole spectrum of health determinants, and the necessity of an “all-determinants” approach. In addition, exciting new scientific knowledge had been generated about how health is affected by genetic, epigenetic and intrauterine legacies, environmental exposures, family and social relationships, behaviours, political and cultural contexts, social norms and opportunities, gender roles and health system interventions, through the life course.

5. The planning of Health 2020 lasted two years and included two major directions of enquiry. First, the work on governance led by Professor Ilona Kickbusch promoted the acceptance of broader governance thinking, which proved to be essential for coping with complex health problems in global, regional and national contexts. National governments, including ministries of health, were encouraged to promote whole-of-government, whole-of-society and health-in-all-policies approaches, as well as to strengthen their capacities for cross-ministerial and cross-sectoral work in terms of instruments and skilled personnel, so as to gain better control over the determinants of health.

6. Secondly, the analysis conducted by Sir Michael Marmot in the European review of the social determinants of health and the health divide (final report published in 2013), which partly built on the global conclusions of the Commission on Social Determinants of Health (final report published in 2008), also recommended the use of whole-of-government and life-

course approaches. A series of debates and consultations on this study significantly influenced the philosophy of the new European health policy framework. It became clear that all the interlinked determinants of health that cause unjustified health inequities and inequitable access to health services are highly dependent on political decisions. Addressing inequity had already been recognized as one of the three overarching recommendations of the Commission on Social Determinants of Health, which stated that the inequitable distribution of power, money and resources should be tackled. This uneven distribution is plainly the result of societal and political, rather than professional and technical, decision-making.

7. The understanding that health is closely linked to, or dependent on, political choices combining these two directions (governance and the social determinants of health) was crucial in the drafting of Health 2020. Health 2020 recognized that countries can make improvements to the health and well-being of their populations if they work across all government sectors to fulfil interlinked strategic objectives: improving health for all, reducing health inequalities, and improving leadership and participatory governance for health.

8. Health 2020 was based on four priority areas for policy action:

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

9. Health 2020 anticipated and prepared the European Region well for implementation of the United Nations 2030 Agenda for Sustainable Development, with its 17 Sustainable Development Goals (SDGs), adopted in 2015; WHO reform (as described in document EUR/RC68/15, WHO reform: new strategic vision and transformation plan); and the Thirteenth General Programme of Work (GPW 13), including its ambitious "triple billion" targets, adopted in 2018. The Health 2020 vision, principles, values, approaches and priority areas are clearly visible in GPW 13. It should be noted, however, that health policies and actions in the Region are increasingly driven by SDG implementation. What makes Health 2020 important is its focus on governance, equity, the life course and health system strengthening. While universal health coverage (UHC), and thus health system strengthening, is clearly recognized as a key focus of GPW 13, Health 2020 provides a unique approach to the other three policy action areas.

10. Since its adoption in resolution EUR/RC62/R4, implementation of Health 2020 has been the centre of attention at WHO governing body meetings. In 2014 the WHO Regional Committee for Europe received comprehensive information on the initial experiences of implementation and in 2016 a midterm evaluation was submitted. Therefore, the present report mainly focuses on the work carried out after this evaluation, in addition to providing some overall reflections.

Revisiting Health 2020: innovations in public health

11. The concept of governance for health, including whole-of-government, whole-of-society and health-in-all-policies approaches, was developed taking into consideration the Ottawa Charter for Health Promotion and the work on health in all policies under the Finnish Presidency of the European Union (EU) of 2006. The governance for health studies by Professor Kickbusch informed Health 2020, with her research providing strong evidence that the health of a population can no longer be understood as the outcome of a single ministry, but requires a synergetic set of “healthy public policies” involving a wide range of actors to deal with current and emerging public health problems. Informed citizens, conscientious businesses, independent agencies and expert bodies increasingly have a role to play. Furthermore, studies on governance in the global health domain have also contributed to the correct interpretation of Health 2020.

12. Inequities in health:¹ Health 2020 followed the path recommended by the final report of the Commission on Social Determinants of Health, entitled *Closing the gap in a generation*. As mentioned above, a European review of social determinants and the health divide was later commissioned for Health 2020. The reinterpretation and broad understanding of responsibility for public health was set in a frame of reference where health is increasingly seen to be both global and political. The key findings from the review were that avoidable health inequities exist within and between countries as a result of significant social, economic and environmental causes. In other words, the wealth of a country is not the only factor determining its level of health; government choices and policies can make a positive difference at any level of gross domestic product.

13. A number of economic studies, produced in partnership with the European Observatory on Health Systems and Policies and the Organisation for Economic Co-operation and Development (OECD), reinforced the value of making solid economic cases for investment in health. This research made it clear that public health interventions can be cost-saving and that high returns for health and sustainable development can be achieved through investing in public health policies across the European Region.

14. The new concept of investing in health through the life course was identified as one of the effective approaches to reducing inequities. It is built on the interaction of multiple promotive, protective and risk factors throughout people’s lives. It promotes a temporal and societal perspective regarding the health of individuals and health across generations, including intergenerational determinants of health, as described at the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020 held in Minsk, Belarus, in 2015.

15. Health 2020 made it necessary to establish a critical mass of public health intelligence. Therefore, strengthening public health capacities and redefining essential public health operations were considered essential for achieving implementation of Health 2020. These issues were separately addressed through the 2012 European Action Plan for Strengthening Public Health Capacities and Services, which included the essential public health operations,

¹ Inequity and inequality are sometimes confused, but they are not interchangeable terms; inequity refers to unfair, avoidable differences arising from poor governance, corruption or cultural exclusion, while inequality simply refers to the uneven distribution of health or health resources as a result of genetic or other factors or a lack of resources.

and was fully aligned with Health 2020. In 2018 a comprehensive and innovative report was published on what public health can do for sustainable development, in which Member States were able to consider a 10-point priority action plan for reviewing their public health governance, infrastructure, capacities and services.

16. New concepts were introduced into health policy thinking: well-being, equity (including gender equity), empowerment, resilience, people-centred health systems and health literacy, among others. In recent years, extensive work has been done to make these concepts understandable, to enable them to be captured as core values and so that they become amenable to measurement. Subsequent European health reports signalled how the Regional Office had begun to deal with these notions, which helped to promote holistic thinking and overcome the often-prevailing biomedical perception of health.

Health 2020-informed national health policies, strategies and plans

17. The participatory process that led to the adoption of Health 2020 served as a model for Member States in compiling/renewing their national health policies (NHPs), strategies and plans in order to influence health determinants, and in modernizing their health systems. Health 2020's keywords, structure and main strategic objectives have become references, not just for national health policy experts, but also for civil society organizations and the public health community. In most Member States in the Region, national health policy-making processes have changed and been opened up to various stakeholders.

18. Recent surveys have demonstrated the significant efforts made by Member States in the Region to move towards evidence-based and outcome-oriented NHPs, strategies and plans focused on achieving the targets of Health 2020. The data obtained from countries that responded to the surveys (in 2010, 2013, and 2016) show that the proportion of countries in the Region with a comprehensive NHP aligned with Health 2020 increased from 36.4% in 2010 to 62.7% in 2016. Furthermore, the proportion of countries in the Region reporting that they had like-minded policies increased from 21% in 2010 to 30% in 2016, with 95% reporting that they had either developed a health policy inspired by Health 2020, had a similar policy or were planning to develop such a policy soon.

19. By 2016, many of the NHPs in the Region were reported to include some essential elements of the SDGs. However, they did not necessarily address the complexity of the SDGs and priority action areas for acceleration. The SDGs highlight the ability of evidence-based and outcome-focused NHPs to advance health and sustainable development through inclusive policy dialogue as well as by bringing health into the mainstream across national economic, environmental and social domains.

20. Findings have also shown that the number of countries with policies that address health inequities and their social determinants rose from 88% in 2010 to 98% in 2016 in the 43 Member States that responded to the survey questionnaires. According to the monitoring report produced on the basis of the surveys, efforts to reduce health inequities in 2016 most frequently focused on providing a healthy start in life and improving the health of disadvantaged groups, with over 90% of the 43 reporting countries addressing these issues in health policies and strategies. Overall, the diversity of measures to address health inequities incorporated into national policies and plans had increased since 2010, with 80% of countries in 2016 considering a range of measures advocated by Health 2020, including those on:

healthy workplaces, human rights, social resilience and empowerment, coping with environmental risks, reducing poverty and economic disadvantages, and providing UHC.

21. By 2016, many NHPs had been soundly based on broad, multisectoral and “all-determinants” approaches, and also dealt with specific health issues (for example noncommunicable diseases, tuberculosis, and antimicrobial resistance). Some followed the pillars of Health 2020 and went beyond the health system by involving other government sectors, local governments, nongovernmental organizations (NGOs) and religious organizations in the interest of health improvement. Others reflected the lack of influence of health ministries within governments. In addition, while the long-term strategic goals were often well articulated, sometimes the specifics of how these goals were to be achieved were wholly or partly missing. In some Member States, there were overlapping – even competing – NHPs in force, making it difficult to navigate through the different policies. Unfortunately, whole-of-government practice was not typical. Interestingly, despite significant shortages of health care staff, programmes supporting the development of human resources were formulated in only a few Member States. Not all reporting countries had completed action plans for implementation. In most countries where plans were in place, no resources were allocated to the various parts of the action plan, and deadlines and responsible persons were not designated. In addition, accountability mechanisms had not always been put in place.

22. The Regional Office provided support to 25 Member States (Albania, Andorra, Armenia, Azerbaijan, Bulgaria, Croatia, Czechia, Hungary, Iceland, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Malta, North Macedonia, Poland, Portugal, Romania, San Marino, Slovakia, Slovenia, Spain, Ukraine and Uzbekistan) in developing NHPs. Exemplary strategies included the NHPs of Austria, Georgia, Ireland, Kyrgyzstan, Malta, North Macedonia, Portugal, Slovenia, Switzerland, Tajikistan and the United Kingdom of Great Britain and Northern Ireland (with its four separate regional plans for England, Northern Ireland, Scotland and Wales).

23. Consistent, well-balanced, robust and realistic NHPs are important for bringing efforts to facilitate health integration across sectors and policy domains into the mainstream, as well as for promoting health policy coherence in countries across the Region. Health 2020 has guided policy-makers to explore options for achieving much-needed policy coherence in various fields. In doing so, it helps to:

- positively reinforce and even accelerate the implementation of global and regional policy frameworks and establish networks supporting health and sustainable development at the subregional, national and subnational levels, for example in the South-eastern Europe Health Network (SEEHN), in pioneering Member States or in the WHO European Healthy Cities Network;
- identify trade-offs between domestic and foreign policy objectives in the context of other international commitments, for example through better understanding of the Agreement on Trade-Related Aspects of Intellectual Property Rights or working with the pharmaceutical industry;
- prevent negative spill-over effects across space and time, ensuring that activities currently taking place in one country do not undermine – and ideally provide support to – both the developmental aspirations of other countries and those of present and future generations; for example, action to protect the health of children could be undermined by campaigns on social media that encourage

vaccine hesitancy or advertisements by multinational companies that encourage the consumption of unhealthy products.

24. Horizontal policy coherence for health and well-being is achieved through balancing health priorities and activities within the economic, environmental and social policy domains to ensure that actions taken in one domain do not cancel out – but rather reinforce – actions in other domains. Ensuring that NHPs reinforce and perpetuate appropriate modes of policy coordination for health and well-being across and between agencies and sectors is essential to promoting policy coherence and strengthening partnerships across policy domains, and to supporting key stakeholders to move together towards the attainment of joint goals at the global, regional and local levels. It is a complicated process that needs well-prepared policy-makers and civil servants as well as supportive institutional arrangements. In cutting across sectors, agencies, levels and technical areas, policy coherence for health and well-being requires cooperation among key stakeholders, better sequencing and integration of policy instruments, and adequate institutional capacity to address coordination problems. Policy incoherence becomes problematic when fundamental imbalances in the policy space result in the exclusion of key stakeholders from the policy-making processes or when the priorities of one policy domain consistently take precedence over others, so that actions taken within one domain or technical area cancel out others. For example, global governance structures tend to facilitate economic expansion and growth through trade, finance and investment but do so without sufficient consideration for other policy areas, such as health and the environment.

The health impact of the changing political landscape

25. The implementation of Health 2020 is taking place in an increasingly complex political environment, characterized by both favourable and disruptive trends: while on one hand the health debate now appears more regularly on the agenda of organizations such as the EU and organizations for Eurasian cooperation, on the other hand the rise of nationalist-isolationist and populist forces is accompanied by scepticism of multilateral organizations, commitments and conventions (increasingly since the economic crisis, the effects of which were worsened by austerity measures). Furthermore, protracted humanitarian crises as well as the consequential spread of uncertainties have weakened solidarity and shared sovereignty, and long-held common political and social assumptions have been shaken.

26. Governance in the global health domain is becoming more political, with the engagement of heads of State or government. For example, the Commission on Information and Accountability for Women's and Children's Health, the United Nations Commission on Life-Saving Commodities for Women and Children, the United Nations High-Level Panel on the Global Response to Health Crises, and the United Nations High-Level Commission on Health Employment and Economic Growth have all been chaired by political figures. An increasing number of health issues have been discussed by the United Nations General Assembly, including noncommunicable diseases (NCDs), antimicrobial resistance, and tuberculosis, all debated under the regular agenda item "Global health and foreign policy". HIV/AIDS and Ebola epidemics have been discussed at the United Nations Security Council, while maternal and child health, health crises in general, access to medicines, health employment, and Ebola again, have been raised and considered at the level of the United Nations Secretary-General.

27. Another phenomenon paving the way to fulfilment of Health 2020 is that "club-style" high-level political meetings have become increasingly open to discussions on global health

challenges, especially since the German Presidency of the G7 in 2015. The declaration resulting from the G20 summit in Buenos Aires, Argentina, in late 2018, reaffirmed primary health concerns and encouraged WHO “to develop an action plan for implementation of health-related aspects of [the] SDGs”.

28. However, despite the record number of political commitments to health, a contradictory development can also be witnessed, with negotiations around certain aspects of health becoming increasingly difficult. Particularly contentious issues include the role of the private sector, issues pertaining to sexual and reproductive health and rights, and recommendations that call for government responsibility and policies in areas such as access to health care, taxation of products harmful to health, and the environment. According to the 2017 Global Burden of Disease study, no country is progressing well enough to meet all of the health-related SDGs and concomitant targets by 2030.

29. So far, NCDs have been the subject of three General Assembly political declarations and outcome documents in 2011, 2014 and 2018. At the level of the European Region, the Action Plan for the Prevention and Control of NCDs in the WHO European Region expanded on the Health 2020 findings and recommendations for this priority area. However, the Region has yet to complete implementation of the measures needed to reduce the unequal distribution of risk of dying prematurely from NCDs. The effect of commercial determinants of health, still inadequately counterbalanced, also plays a role in the relatively slow progress in this area.

30. Another consideration is whether the necessary financial support will be available, and whether technical evidence or political ideology will dominate multilateral health negotiations in WHO settings. There are already signs that some donors do not want the funds they provide to move from their “vertical” disease-based models to supporting UHC through the strengthening of health systems. However, the horizontal health system strengthening approach taken as part of the new European vision of health systems for prosperity and solidarity that emerged from the high-level regional meeting, held in Tallinn, Estonia, in 2018, and the broader interpretation of primary health care found in the Astana Declaration, may trigger changes.

31. Health 2020 has been the regional forerunner of the 2030 Agenda, including SDG target 3.8 on UHC. Health 2020 was adopted three years before the SDGs and confirmed “the commitment of WHO and its Member States to ensure universal coverage including access to high-quality and affordable care”. The European Region has, however, not been free from obstacles to achieving UHC since then, with experiences so far suggesting that the path to UHC will not be a smooth one. Although, in principle, most people are entitled to publicly financed access to health care, access may in practice be limited for poorer people, workers in the informal sector, people lacking stable employment, people with chronic conditions, Roma, migrants and refugees. Studies suggest that out-of-pocket payments as a share of current spending on health exceed 30% in more than 20 countries of the Region, undermining financial protection for the population. This can lead to a range of negative health and economic consequences, potentially reducing access to health care, undermining health status, deepening poverty and exacerbating health and socioeconomic inequalities. Therefore, there is a need for increased public investment in UHC to reduce these out-of-pocket payments, particularly for poorer households. When it comes to health service delivery, health may provide economic opportunities for the private sector, so long as the government has sufficient capacity to ensure careful regulation and oversight. The multi-stakeholder

opportunities and risks that emerge from this push and pull between economic interests and social (and global) solidarity will be a key health diplomacy challenge.

Seizing windows of opportunity

32. Partnerships provide an enabling environment for public health policies. They facilitate whole-of-government and intersectoral collaboration for health, develop broad international, national and local constituencies, and contribute to policy coherence among different actors and the efficient use of resources. Developing and implementing partnerships has therefore been a key strategic direction for the Regional Office during Health 2020 implementation, with examples of these partnerships including those with the United Nations family, EU institutions (including the European Commission, the European Parliament, the rotating presidencies of the Council of the EU, and the various EU agencies), OECD, and the Global Fund to Fight AIDS, Tuberculosis and Malaria, among others. At every Regional Committee session these partnerships have been reviewed and memoranda of understanding signed. A new partnership strategy for the Regional Committee was adopted in 2017.

33. The solid goals and value system of Health 2020 have also facilitated the involvement of the European Region in United Nations reform; details have been reported on by the Regional Director at Regional Committee meetings. The Regional Office has increased its collaboration with the Regional Coordination Mechanism for Europe and Central Asia, and the regional United Nations Development Group, both of which provide excellent entry points for United Nations coordination and for creating synergies. For example, United Nations organizations collaborate in interagency working groups on Roma, youth development, gender and NCDs, as well as on social, economic and environmental determinants of health, in line with the SDGs. WHO is an active member of each of these groups and leads those on Roma and NCDs. WHO developed a guidance note on how to integrate Health 2020 work on the social determinants of health and NCDs into the United Nations Development Assistance Frameworks (UNDAFs), which has been shared with all United Nations country teams through the regional United Nations Development Group. During the past two years, many new UNDAFs have been prepared and endorsed, and WHO country offices promote Health 2020 as the policy framework for health in their individual UNDAFs.

34. Civil society organizations, with which the Regional Office had developed mutually beneficial and fruitful relationships even before the adoption of the WHO Framework of Engagement with Non-State Actors, have been consistently involved in shaping decisions. The European Region, through increased transparency and accountability, has set an example of how NGOs (sometimes with links to the private sector) can be involved in shaping WHO's decision-making without undermining the "Member States only" governance principle.

35. Reforms in the Regional Office have been diverse. Regional components of the WHO global programme budgets have been developed and used as a strategic tool of accountability, with defined outcomes, functioning as a contract between the Regional Office and Member States, using "bottom-up" planning and a commonly agreed results-chain to inform biennial collaborative agreements. The Regional Office has adopted a specific business model that places modest technical capacity within countries, with most of the technical support coming from the Regional Office (the only approach the European Region can afford financially, based on the limited resources and the high number of Member States in the Region). Today there is a move to place technical capacity closer to countries through a multi-country model.

36. The Regional Office has extensively invested in networks to strengthen commitments to Health 2020. Examples include intercountry networks such as SEEHN, the Commonwealth of Independent States, the Small Country Initiative, the Eurasian Economic Community and the Northern Dimension Partnership; policy networks such as the European Healthy Cities Network and Regions for Health; and WHO's health promotion networks, including healthy schools and workplaces.

37. Recently, SEEHN and the Regional Office have produced a subregional cooperation strategy in order to define their strategic collaboration. The document covers seven strategic areas of cooperation with a detailed action plan to support implementation of the SDGs and Health 2020. As the newest organization (established in 2013), the Small Countries Initiative is worthy of note. Small countries have already been catalysts for Health 2020 implementation beyond the physical borders of their territories. The common challenges they face, such as isolation, fragmentation, vulnerability, international dependence, limited influence on the global agenda, and becoming the recipients of policies decided outside their territories, have stimulated creative and forward thinking, which has led this network to develop stronger social cohesiveness, successful collaborations between policy-makers and the communities they serve, and a high degree of coherence across policies.

38. Bearing in mind that local governments have the capacity to influence the determinants of health and inequities, the WHO European Healthy Cities Network has been a key strategic vehicle for the implementation of Health 2020 at the local level. Health 2020 was promoted and implemented in 1300 cities, representing 165 million people across the European Region, including 106 flagship cities and 30 national networks of Healthy Cities. In February 2018, more than 80 mayors and city political representatives came together to adopt the political vision for the Network until 2030 – the Copenhagen Consensus of Mayors: Healthier and Happier Cities for All. For cities to become accredited members of the WHO National Network of Healthy Cities in 2019–2024 they are required to make a political commitment to, or declaration on, promoting and facilitating the implementation of Health 2020 at the local level.

39. Guided by Health 2020, intersectoral cooperation for health in Member States has been facilitated by both thematic high-level or expert conferences and timely, evidence-based responses to new challenges in order to provide better governance for health at national and subnational levels. The high-level meeting held in Paris in December 2016 entitled “Promoting intersectoral and interagency action for health and well-being in the WHO European Region” is worthy of particular note. It focused on strengthening intersectoral cooperation between the health, education and social sectors in the Region, for better and more equal health and social outcomes for children, adolescents and their families. It was the first time that a WHO high-level meeting had brought together representatives from the respective ministries for the three sectors to discuss how to implement cross-governmental policies to ensure that no child is left behind – a cornerstone of both Health 2020 and the 2030 Agenda.

40. The Regional Office has continued to support the development of intersectoral environment and health action plans within countries. Understanding environmental health has given new impetus to this process: acknowledging that human health can no longer be seen as separate from the health of the planet and that wealth measured solely by parameters of economic growth will no longer ensure health. The landmark global Paris Agreement on climate change of 2015 explored untrodden paths in public health. The political commitment to addressing environmental determinants of health was strongly renewed at the Sixth Ministerial

Conference on Environment and Health, held in June 2017 in Ostrava, Czechia. Member States committed to facilitating the implementation of the Ostrava Declaration through the development of national action portfolios on environment and health by the end of 2018.

41. The ambition outlined in Health 2020 to strengthen gender-responsive and rights-based strategies for health was made concrete through the adoption of the Strategy on Women's Health and Well-being in the WHO European Region in 2016, and the Strategy on the Health and Well-being of Men in the WHO European Region in 2018 (the first such WHO strategy). These strategies were supported by an extensive evidence gathering and consultative process leading to, among other outcomes, two reports produced by the Regional Office on women's health and men's health respectively.

42. The cross-cutting aspects of Health 2020 set the scene for appropriately handling the sensitive issues relating to migration and health. A project entitled Public Health Aspects of Migration in Europe made it possible to respond quickly to the huge migrant and refugee inflow in 2015. The Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region adopted in 2016 has become a guide to tackling migration and health issues at both the national and regional levels, including in terms of health and human rights. The efforts of the Regional Office served as an example for the whole Organization in creating a framework of priorities and guiding principles to promote the health of refugees and migrants by 2017; this topic has now been raised to a higher political level by the Global Compact for Safe, Orderly and Regular Migration.

Actions by the Regional Office for Europe

43. The Regional Office has worked hard to make Health 2020 accessible and practical for all Member States, thereby making Health 2020 the "easy" choice. Immediately after the adoption of Health 2020 by the Regional Committee in 2012, a set of implementation methodologies and tools was created to provide guidance to Member States. Additionally, a self-assessment tool for NHPs, strategies and plans was developed, along with examples of the best Health 2020 practices and applications. The implementation package and other tools are now online and are regularly updated. Practical materials for use and adaptation at national level, such as communication materials for introducing Health 2020, are included in the package.

44. Health 2020 has been systematically used to create a frame of reference for all the technical work of the Regional Office. Annex 1 of the present document highlights progress made in the last three years and remaining concerns. Annex 2 lists resolutions that serve as implementing mechanisms for Health 2020 and as guidance for the Regional Office, and that have been adopted by the Regional Committee since the midterm review of implementation of Health 2020 was submitted to the Regional Committee in 2016.

45. Health 2020 prepared the ground for tackling the health-related SDGs. Both the SDGs and Health 2020 advocate high-level leadership for health and well-being and strong intersectoral mechanisms to address the many risk factors and determinants of health. The roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being, was endorsed in 2017 to provide support to Member States in the joint and coordinated implementation of Health 2020 and the 2030 Agenda. The SDGs have increased the likelihood that growing threats, such as climate

change and air pollution, will be addressed. In addition, they have also engaged a wide range of people from parliamentarians to youth.

46. Capacity building in countries has become increasingly important in responding to country requests for support and working with them to transpose Health 2020 into national policies. This work has been guided by plans, such as biennial collaborative agreements, which form the basis for the coordinated, integrated delivery of Health 2020 in countries by multidivisional teams. A series of training events was organized for staff members and selected policy consultants to develop common understandings, operationalize key concepts, and help them become acquainted with the relevant tools and services. In addition, efforts have been made to incorporate the conceptual elements of Health 2020 into the public health curricula of European universities, but progress in this area has been slow. At the same time, Member States have relied on health diplomacy as a new science and practice in preparing for the cross-border and national negotiations that are essential to the implementation of Health 2020. Overall, more than 500 representatives of health, foreign and other ministries, the Regional Office and other health organizations completed face-to-face and online health diplomacy courses in the Region during the period 2012–2018. These training events were organized as a joint enterprise of the Regional Office and the Global Health Centre at the Graduate Institute of International and Development Studies, Geneva, Switzerland.

47. In some Member States, including Hungary, Tajikistan, and the member countries of SEEHN, the Regional Office has provided support for the completion of studies on the social determinants of health and the health divide, governance of health, the economics of disease prevention and health promotion, and intersectoral governance for health in all policies.

48. Spreading awareness of Health 2020 has been largely promoted by regular briefing visits by health ministers and other senior officials of Member States to the Regional Office as well as through presentations by the Regional Director and members of senior management at various forums, including events organized by partner organizations (including the EU), scientific congresses (such as the European Public Health Association and the Association of Schools of Public Health in the European Region) and meetings of intercountry and subnational networks. In addition, the Regional Office has continued to systematically promote Health 2020 at high-profile international health policy events, such as the deliberations under successive presidencies of the EU, the annual European Health Forum Gastein Conference, the World Health Summit, health conferences organized by *The Economist*, and many others. In 2016 the Regional Office adopted a new communications strategy for 2016–2020, which integrated the implementation of Health 2020 into its communications outreach and products.

49. Since the midterm review of implementation of Health 2020 in 2016, several WHO-sponsored high-level events (including global meetings with European relevance) have contributed to a better understanding of Health 2020. Annex 3 lists these events.

Monitoring Health 2020 and evidence for action

50. It has been proven over the past seven years that the Health 2020 health policy framework offers effective policy and practice interventions, giving politicians and policy-makers the opportunity to improve health and well-being, and health equity.

51. The headline targets of Health 2020 are to:

- reduce premature mortality in the European Region by 2020;
- increase life expectancy in the European Region;
- reduce inequalities in health in the European Region;
- enhance the well-being of the European Region's population;
- ensure universal coverage and the right to the highest attainable level of health; and
- set national goals and targets related to health in Member States.

52. The Regional Office has successfully developed indicators to monitor these six headline policy targets, which were established after the adoption of Health 2020 and were easy to interpret and follow. The latest European health report (from 2018) contains a comprehensive overview of the progress achieved. In 2018 the Regional Committee approved the Joint Monitoring Framework for Health 2020, the 2030 Agenda and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. The Joint Monitoring Framework aims to reduce the reporting burden in these three areas, promoting linkages and removing overlaps. This was a rational step because 76% of Health 2020 indicators thematically align with those of the SDGs.

53. The European Health Information Initiative (covering over 40 countries and other stakeholders) provides overarching coordination and guidance for the health information activities of the Regional Office. It supports the development of an integrated, harmonized health information system for the entire European Region. The Evidence-informed Policy Network acts as a neutral and trusted intermediary between researchers and policy-makers.

54. To ensure the integration of evidence into Health 2020 implementation, the Regional Office drafted the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making, which was adopted in 2016. Furthermore, the Health Evidence Network synthesis report series – an information service that turns published evidence into policy options – has provided evidence-informed policy options for improving health for vulnerable populations and for reducing health inequalities by defining the barriers to accessing health services, thereby contributing to the strategic objectives of Health 2020. Research and analysis on enhancing Health 2020 monitoring and reporting, including the cultural contexts of health and well-being, are ongoing. In addition, several studies have been published in the Health Evidence Network series on interpreting various Health 2020 concepts (such as community empowerment, resilience, life-course approach) and methodologies for their possible measurement and evaluation.

Challenges beyond 2020

55. Health 2020 expires next year, but the concomitant SDGs and GPW 13 remain as visionary global goals for promoting development with a strong health dimension. Implementing these policies in the European Region may require the establishment of a new European health policy framework for the future that is supportive of these global commitments. In which case, it would seem appropriate to consider the aspects described below.

- Most health problems in the European Region now also have a strong interregional and global dimension. Therefore, working together throughout WHO according to unified principles and strategic directions will become increasingly important. However, this uniform guidance should be adapted to the different circumstances and great diversity of Member States. Work in countries needs to be further prioritized.
- Further politicization of health is expected even in the short term, and diverse Member States might find it difficult to reach further consensus on sensitive issues such as sexual and reproductive health, planetary health, migrant health or WHO funding, beyond what has already been achieved.
- The operationalization of a multi-determinant health-in-all-policies approach demands imagination and new evidence. The classical model of health determinants is changing and many of the current health challenges are related to unsustainable lifestyles and production and consumption patterns. For instance, the obesity epidemic and the global system of food production, distribution and consumption, as well as inefficient waste management, are among the most obvious symptoms of this development. In addition, urbanization, modern media and new forms of work have contributed to time pressure and increased stress, anxiety and depression.
- Rapid and accelerating advances in health technologies could dramatically increase public and private spending on health. It is possible that health care expenditure may become the main driver of life expectancy gains, outweighing income effects, education and lifestyle over time, but this is unpredictable and dependant on future scientific advances. Such advances have not yet outweighed the importance of health determinant approaches. However, OECD research data in this area suggest that further investigations are required.
- All the issues raised above are intricately linked to the so-called political determinants of health, which is why future health strategies need to change the political dynamic and debate so that health is seen as a major political objective, and health improvement as a marker of political success.
- Health security and emergency preparedness continue to dominate the global health agenda. Prevention and preparedness can stop outbreaks from becoming epidemics, natural disasters from generating chaos, and conflicts from resulting in humanitarian crises. The example of Ebola will continue to remind policy-makers that weak health systems anywhere heighten the risk of pathogens everywhere. Outbreaks should remain a high priority.
- Health systems will assume a more prominent role in strategic thinking by Member States, with the focus expected to be on the incorporation of health promotion and disease prevention into primary care, as well as on the shortage of health personnel. There may also be a “high-tech” personalized approach to health promotion and disease prevention based around genomics.
- Predictive and personal approaches offer many potential benefits, such as improved health outcomes; reduced risk to patients; reduced need for hospitalization; faster communication; integrated management of patient data; and better access for patients to health services as well as improved screening and diagnostic services. These trends require more digitalization.

- Finally, there is a need to strengthen predictive power and the ability to develop future scenarios. It is not known to what extent antimicrobial resistance will undermine medical progress, nor whether advances in systems biology and genetic engineering, increases in computing power and informatics, and the development of materials science and nanotechnology will yield all the promised benefits.

Conclusions

56. Over the last seven years, Health 2020 has provided strategic and thematic guidance and a value-oriented basis for policy-making for the 53 Member States of the Region, regional political groups and NGOs, in changeable political and economic circumstances. Through evidence-based analysis and the setting of strategic objectives, Health 2020 has been a source of motivation, enthusiasm and inspiration for countries, regions, cities and other constituencies, and has also mobilized public health intelligence. Health 2020 has not been considered as a manual on how to work with WHO but rather on how to deal with health challenges and opportunities in the 21st century, with particular consideration given to the circumstances of each Member State. Health 2020 has offered an excellent entry point and platform for operationalizing whole-of-government and whole-of-society approaches to building partnerships for the development of national and subnational health policies, strategies and plans, and has been helpful in legitimizing action on challenging issues such as the right to health, UHC, social determinants, equity, people-centred systems, well-being and resilience, among others. Health 2020 has made convincing arguments for the moral and economic case for health and provided a foundation for recognizing health as a major contributor to development.

Annex 1. Key achievements and setbacks since submission of the midterm report to the WHO Regional Committee for Europe in 2016

Health 2020 objectives

1. Improving health for all and reducing the health inequalities

- Remarkable improvements have been registered in overall life expectancy at birth and the maternal mortality rate in the WHO European Region, but there are still major inequities in health and well-being between and within countries. The persistence of high premature mortality in some settings remains a concern. The difference in life expectancy at birth between the countries in which it is highest and those in which it is lowest is still more than 10 years. Despite progress, tobacco use in the Region is not decreasing fast enough. Alcohol consumption in the Region is the highest in the world. Overweight and obesity are on upward trends which gives cause for serious concerns. While by the end of 2017 43 countries had eliminated or interrupted endemic measles transmission, persistent immunity gaps have resulted in many outbreaks. The Region is not on track to meet its HIV targets and coinfections are increasing.
- Financial hardship and inequalities in access to health services are increasing in some countries. Regional monitoring based on country-level analysis has identified factors that undermine, and those that strengthen, financial protection for the population.
- In many regional health strategies and programmes, countries have committed themselves to leaving no one behind. However, avoidable gaps in health are narrowing more slowly than anticipated and by less than possible given the existing knowledge.
- Studies in areas such as policy options for multisectoral action to tackle the social determinants of health and reduce health inequities have assisted countries in planning their strategies.
- The relevant Health Equity Status Report and the outcomes of the regional high-level conference, Accelerating Progress towards Healthy and Prosperous Lives for All in the WHO European Region (Ljubljana, Slovenia, 11–13 June 2019) will support countries, partners and WHO in taking action to strengthen the equity impact of health sector policies and services, as well to increase the impact of cross-sectoral policies for health equity.
- Efforts to tackle health inequalities have been scaled up, but other sectors need to be incentivized to take health outcomes into account when developing policies. Following the publication of Health 2020, several countries have scaled up activities to address health inequalities by tackling the social determinants of health. These activities include the development of a new health plan in Lithuania and of a new health strategy in France that committed all government departments to taking responsibility for the impact of

their actions on public health and health inequalities. In addition, Hungary, Norway and Poland have published analytical reports on health inequalities, while Sweden has established a commission on health inequalities to inform the development of future strategies. Eight countries in the Region have requested WHO support for the integration of equity into their policy process, while six Member States are working with WHO to develop strategies to address the social determinants of health.

2. Improving leadership and participatory governance for health

- Many countries have started developing national roadmaps and creating whole-of-government mechanisms at the highest level to drive the agenda forward. So far, 35 European Member States have reported on implementation of the Sustainable Development Goals at the High-level Political Forum on Sustainable Development. Most countries now have a national health policy with defined targets and indicators aligned with Health 2020.
- Member States have recognized that health needs to move out of the paradigm of being narrowly confined to and based on health care alone. Broader perspectives dealing with all determinants and focusing on health as an investment rather than a cost are slowly becoming reflected in governments' practice. Engagement with non-State actors through a whole-of-society approach is still not the norm.
- In terms of capacity building for intersectoral approaches, including whole-of-government and health-in-all-policies approaches, the WHO Regional Office for Europe has supported countries in several activities, such as national policy dialogues in Poland, Portugal and Turkmenistan.
- Several intercountry dialogues have been organized to assist Member States in amplifying health-driven cooperation among sectors. In addition to the well-established health and environment process, such dialogues have included the high-level meeting in Paris in 2016 between the health, education and social sectors, and an expert consultation on health and foreign policy held in Berlin in 2015.
- An assessment tool for governance for health and well-being has been developed to assess the capacity of countries to design, coordinate and implement various governance approaches for improved health and well-being.
- WHO's networks have played a pioneering role in disseminating governance concepts and best practices. The WHO European Healthy Cities Network is currently developing a guideline on city diplomacy for health and well-being.

Health 2020 priority health areas

Priority 1: Investing in a life-course approach and empowering people

- The European Ministerial Conference on the Life-course Approach in the Context of Health 2020 (Belarus, Minsk, 21–22 October 2015) led to the

Priority 2: Tackling Europe's major health challenges

creation of an agenda for action on the life-course approach; this approach advocates for health promotion in all stages of life and promotes healthy public policy (smart governance for health), a supportive environment, skills development, community actions, and a health service reorientation that advances healthy lifestyles. Health inequalities accumulate over the life course and transfer across generations.

- Focusing on preconception and perinatal interventions has assisted Member States to improve maternal and newborn health.
- The Action Plan for Sexual and Reproductive Health and the European Child and Adolescent Health Strategy 2015–2020 have contributed to the modernization of public perceptions and technical work in these sensitive areas.
- To tackle the challenges related to ageing populations, most countries in Europe have been ensuring that healthy ageing policies are central to their national policies and strategies. Integrated care, which is vital for older people, is becoming more widespread, and an increasing number of cities that are members of the European Healthy Cities Network are introducing age-friendly environments that are guided by a new WHO handbook and policy tools.
- In line with the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region, efforts have been intensified to address tobacco, alcohol, physical activity, nutrition (including salt and sugar), and the social and environmental determinants of health.
- Progress is uneven: salt reduction and improved access to essential medicines and technologies are making good progress, but tobacco use and alcohol consumption are declining too slowly. The prevalence of overweight and obesity is rising rapidly, with huge inequalities between populations. Underlying factors include an energy imbalance resulting from increased consumption of highly processed, energy-dense foods high in saturated fats and free sugars, and of sugar-sweetened beverages. Simultaneously, the Region has observed a decrease in levels of physical activity. Poor maternal nutrition, inadequate breastfeeding practices and inappropriate complementary feeding also play a role.
- The recent report, *Health systems respond to noncommunicable diseases: time for ambition*, provides pragmatic and actionable policy recommendations in nine policy areas that are particularly relevant to addressing noncommunicable diseases, with a focus on socioeconomically disadvantaged and vulnerable populations.
- In general, apart from HIV/AIDS, efforts to control communicable diseases are on track. Regional action plans have been developed for the most pressing

causes for concern in Europe: tuberculosis, antimicrobial resistance (AMR), vaccine-preventable diseases, poliomyelitis, malaria and influenza. Other positive developments include the fast decline in tuberculosis incidence and the fact that the Region remains malaria- and polio-free. However, measles outbreaks linked to vaccine hesitancy, especially in western European countries, are a cause for concern. The midterm review of the European Vaccine Action Plan 2015–2020 (EVAP) identified further efforts that will be required to maintain the momentum and leverage the full potential of EVAP.

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

- The Regional Office supports Member States in identifying good practices and interventions for containing AMR. The 2015 global action plan on AMR confirmed the goals set out in the European Strategic Action Plan on Antibiotic Resistance for the period 2011–2020 and urged countries to develop national action plans. This was echoed by the United Nations General Assembly in 2016 and the World Health Assembly in 2017. Surveillance systems, particularly in eastern Europe and central Asia, and advocacy for rational use of antibiotics, have been strengthened.
- Activities to strengthen and transform health systems in the Member States of the Region are being carried out according to the principles established in the Tallinn Charter and reconfirmed in Health 2020. A high-level regional meeting was held in Tallinn, Estonia, in 2018 on the tenth anniversary of the signing of the Tallinn Charter. It provided a platform for reflecting on progress made in health systems strengthening. Three themes were covered: (1) include – improving health coverage, access and financial protection for everyone; (2) invest – making the case for investing in health systems; and (3) innovate – harnessing innovations and systems to meet people’s needs. The European Framework for Action on Integrated Health Services Delivery, which focuses on people-centred care and the appropriate use of medicines, also provides guidance for work in this area.
- The Global Conference on Primary Health Care (PHC), held on the 40th anniversary of the Declaration of Alma-Ata, resulted in the Astana Declaration. A report was launched at the conference which analyses progress made on PHC in the European Region over the past four decades and makes projections for the future of PHC.
- The Regional Office developed a framework for action on building a sustainable health workforce, together with a supporting toolkit, which were endorsed by the WHO Regional Committee for Europe in 2017.
- The WHO Barcelona courses on health financing for universal health coverage and on health systems strengthening, with a focus on noncommunicable

diseases, attract more than 100 participants every year.

- Other areas of health systems strengthening have included improved information technology and e-health measures; assessing the rational use of medicines and their affordability; and safeguarding quality of services and patient safety.
- The Regional Office has generated actionable evidence to support universal health coverage, and has initiated a new programme of work to monitor coverage, access and financial protection across the Region.
- The Regional Office has acknowledged the strategic potential and cost rationale for investing in digital health, and has increasingly focused on the impact of digitalizing national health systems.
- A self-assessment tool was developed to enable countries to assess the state of their public health services. It has been available in electronic form since 2016. In the framework of the Coalition of Partners to Strengthen Public Health Services in the European Region, over time the topics of financing, governance, organizational structures, the legal position of public health services, and the public health workforce have become dominant in the collaboration between Member States and non-State actors. A new vision for public health in the 21st century was endorsed by the Regional Committee in 2018 and a new core competencies framework for the public health workforce has been developed to guide the professionalization of the public health workforce in the Region.
- The Regional Office has assisted countries in the Region and in other WHO regions to prepare for and respond to health emergencies by providing technical guidance, health expertise, operational support and logistics, and by coordinating operational partners. Through its country offices, the Regional Office has been assisting Member States in strengthening their International Health Regulations (IHR) (2005) core capacities, which are aimed at ensuring rapid detection, assessment and response. This assistance includes focusing on the key areas of surveillance, laboratories, and risk communication. Within those areas, the focus is on suitable legislation, financing and human resources, with IHR focal points disseminating information to, and consolidating input from, relevant sectors of the administration of the country concerned.
- A new and comprehensive Action Plan to Improve Public Health Preparedness and Response in the WHO European Region was adopted by the Regional Committee in 2018. Through the Pandemic Influenza Preparedness Framework partnership contribution, the Regional Office supports Member States in the development of national outbreak investigation and

Priority 4: Creating resilient communities and supportive environments

response guidelines, as well as the establishment of multisectoral implementation platforms.

- Resilient communities have been considered in mainstream policies in some Member States, most notably in Sweden. Nevertheless, this approach has remained relatively neglected as a policy consideration across Europe.
- Subnational networks have taken into account the fact that resilient communities respond proactively to new or adverse situations; prepare for economic, social and environmental change; and deal more directly with crisis and hardship.
- The Regions for Health Network has been active for 20 years. Subnational policies that are aligned with Health 2020 and which received inputs from the Network include the Trento Health Plan 2015–2025 (Italy), the Action Plan for Health Equity in Region Västra Götaland (Sweden), the Fourth Andalusian Health Plan (Spain) and Open Skåne 2030 (Sweden), all of which are documented in WHO publications.
- The influence of Health 2020 was boosted by the Healthy Cities movement. The movement gives priority to life-course approaches in city policies and plans, with a focus on: early child development; ageing and vulnerability; tackling major public health challenges such as physical inactivity, obesity, the harmful use of tobacco and alcohol, and mental health difficulties; strengthening people-centred health systems; and fostering resilient communities. Healthy Cities have also expressed their commitment to promoting health and well-being, keeping the world safe, and protecting the vulnerable, in line with the Thirteenth General Programme of Work, 2019–2023.
- The European Environment and Health Process has provided a unique intersectoral policy platform for bringing together relevant sectors and partners to shape policies and actions on environment and health, support the implementation of effective evidence-informed policies, and advance integrated actions on environment, health and well-being in the European Region. This was the case at the Sixth Ministerial Conference on Environment and Health in 2017.

Annex 2. Resolutions adopted by the WHO Regional Committee for Europe since submission of the midterm review of implementation of Health 2020 to the Regional Committee in 2016¹

1. EUR/RC66/R5: Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery
2. EUR/RC66/R6: Strategy and action plan for refugee and migrant health in the WHO European Region
3. EUR/RC66/R7: Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in the WHO European Region – leaving no one behind
4. EUR/RC66/R8: Strategy on women’s health and well-being in the WHO European Region
5. EUR/RC66/R9: Action plan for the health sector response to HIV in the WHO European Region
6. EUR/RC66/R10: Action plan for the health sector response to viral hepatitis in the WHO European Region
7. EUR/RC66/R11: Action plan for the prevention and control of noncommunicable diseases in the WHO European Region
8. EUR/RC66/R12: Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region
9. EUR/RC67/R5: Towards a sustainable health workforce in the WHO European Region: framework for action
10. EUR/RC68/R4: Strategy on the health and well-being of men in the WHO European Region
11. EUR/RC68/R7: Action plan to improve public health preparedness and response in the WHO European Region

¹ It should be noted that all the resolutions adopted by the Regional Committee since the adoption of Health 2020 have served as guidance to the Regional Office in efforts to support Member States in Health 2020 implementation, including the resolutions adopted by the Regional Committee since the submission of the midterm review of implementation of Health 2020 to the Regional Committee in 2016.

Annex 3. High-level events on various aspects of Health 2020 since 2016

- Third High-level Meeting of Small Countries, 11–12 October 2016, Monaco
- 9th Global Conference on Health Promotion, 21–24 November 2016, Shanghai, China
- Working together for better health and well-being, 7–8 December 2016, Paris, France
- 4th South-eastern Europe Health Ministerial Forum: health, well-being and prosperity in south-eastern Europe by 2030 in the context of the 2030 Agenda for Sustainable Development, 3–4 April 2017, Chisinau, Republic of Moldova
- Sixth Ministerial Conference on Environment and Health, 13–15 June 2017, Ostrava, Czechia
- Fourth High-level Meeting of Small Countries: building resilient and healthy communities, Valletta, Malta, 26–27 June 2017
- WHO Global Conference on Non-communicable Diseases (NCDs): enhancing policy coherence to prevent and control NCDs, 18–20 October 2017, Montevideo, Uruguay
- Fourth Global Forum on Human Resources for Health, 13–17 November 2017, Dublin, Ireland
- Fifth Global Climate and Health Summit, 11 November 2017, Bonn, Germany (held in parallel with the United Nations Climate Change Conference)
- South-eastern Europe Health Ministerial Meeting on Immunization, 20 February 2018, Podgorica, Montenegro
- Health Systems Respond to NCDs: Experience in the European Region (high-level regional meeting), 16–18 April 2018, Sitges, Spain
- Health Systems for Prosperity and Solidarity: leaving no one behind (high-level regional meeting), 13–14 June 2018, Tallinn, Estonia
- Fifth High-level Meeting of Small Countries: working together for better health and well-being for all, 26–27 June 2018, Reykjavik, Iceland
- Global Conference on Primary Health Care, 25–26 October 2018, Astana, Kazakhstan
- WHO Symposium on the Future of Digital Health Systems in the European Region, 6–8 February 2019, Copenhagen, Denmark
- Protecting people from health emergencies together: a ministerial and high-level meeting of the WHO European Region, 12–14 February 2019, Istanbul, Turkey
- Sixth High-level Meeting of Small Countries: equity and sustainable development: keeping people at the centre, 31 March – 2 April 2019, San Marino
- WHO European High-level Conference on Noncommunicable Diseases: Time to Deliver – Meeting NCD Targets to Achieve Sustainable Development Goals in Europe, Ashgabat, Turkmenistan, 9–10 April 2019

- High-level Conference on Health Equity: Accelerating Progress Towards Healthy and Prosperous Lives for all in the WHO European Region, Ljubljana, Slovenia, 11–13 June 2019

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