

Better health for Europe



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Adapting the Regional Office to
the changing European environment:
the Regional Director's perspective



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**Better health for Europe
Adapting the Regional Office to the changing European
environment: the Regional Director's perspective**

The paper presents the Regional Director's proposals for adapting the work of the WHO Regional Office for Europe to match the changing European and global environments, so that Europe maintains and strengthens its health. The proposals are set in the context of the "One WHO" promoted by the WHO Global Policy Group chaired by the Director-General, as well as the most recent Eleventh General Programme of Work 2006–2015.

The Regional Director's vision for the Regional Office is supported by seven strategic priorities, which are described in detail in other papers being presented to the Regional Committee. A road map and time frame for implementation are presented.

A draft resolution is attached, for consideration by the Regional Committee.

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Executive summary

The 53 countries in the WHO European Region of WHO are diverse yet share fundamental values such as human rights, universality, equity, solidarity, health gain, participation and access to quality health care. There are gaps in health experience and health system development, both between and within countries. The challenge is to close these gaps, while at the same time responding to citizens' expectations of better health and good quality and efficient health systems.

The context for health improvement and health systems has changed, both in Europe and globally, in complex ways. The forces of globalization, and changes in lifestyles and technology, have produced profound epidemiological changes. For example, the epidemic of noncommunicable diseases challenges public health and health systems, which must also continue to respond to transnational health challenges such as pandemic preparedness.

Health is increasingly seen as a key factor in innovation and economic growth. The scientific knowledge base has grown fast, and here Europe has been an intellectual leader. Developments in information technology offer important opportunities for better health management. Yet many countries still lack sufficient suitably trained health personnel to take advantage of these new opportunities.

The WHO Regional Office for Europe needs to respond to these challenges, which must underpin a vision for improving health in Europe, so that it can better support its Member States. The Regional Office must strengthen its leadership role in public health and health policy, and engage in partnerships and coalitions to reduce inequities and achieve "better health for Europe".

The Regional Office will do this in the context of the "One WHO" promoted by the Global Policy Group (GPG) chaired by the Director-General. The core WHO functions have been described in the Eleventh General Programme of Work 2006–2015 as:

- providing health leadership on matters critical to health and engaging in partnership where joint action is needed;
- shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- setting norms and standards, and promoting and monitoring their implementation;
- articulating ethical and evidence-based policy options;
- providing technical support, catalysing change, and building sustainable institutional capacity; and
- monitoring the health situation and assessing health trends.

Accordingly, my vision is of a European regional office that is:

- a leader in health policy, public health and health system development;
- a strong evidence-based organization, relevant to the whole Region, with technically strong programmes and staff that address European priorities;
- an innovative and inspirational organization that assumes full responsibility and accountability for implementing decisions taken by the World Health Assembly and the WHO Regional Committee for Europe;

- an organization that unites and integrates the Region, and builds on its institutional capacity, expertise and networks;
- working in close partnership with WHO headquarters and other regions, European Union institutions and other actors; and
- an organization with a positive work environment, which has sound financial management and is financially sustainable.

I have identified seven strategic developmental priorities to put this vision into practice. These are:

1. the development of a European health policy as a coherent policy framework;
2. improved governance in the WHO European Region and in the Regional Office;
3. further strengthening of collaboration with Member States;
4. engaging in strategic partnerships with other stakeholders to jointly improve health and policy coherence in Europe;
5. strengthening the European contribution to global health;
6. reaching out through an information and communication strategy; and
7. promoting the Regional Office as an organization with a positive working environment and sustainable funding for its work.

The technical work programme of WHO in the European Region will be developed to match the above and also as part of:

- the ongoing dialogue on the European health policy,
- WHO's global health agenda as set out in the most recent General Programme of Work,
- the proposed programme budget for the European Region for 2012–2013 and
- the actions needed for attainment of the Millennium Development Goals.

The overall objective is that within five years the WHO Regional Office for Europe will be further strengthened as a strong evidence-based centre of health policy and public health evidence, with strong strategic partnerships with European and global actors, and fully engaged in joint actions for better and more equal health in Europe and the world.

Background

1. The 53 countries that constitute the European Region of WHO are characterized by great heterogeneity, both between and within them, with regard to geography, demographic patterns, religion, language, ethnicity and culture. This diversity is an important asset for the Region but also poses challenges for the development of joint regional approaches.
2. The European Member States do however share fundamental values, such as respect for human rights, universality, equity, solidarity, health gain, participation and access to quality health care. These have been reaffirmed in many contexts, including the United Nations, WHO, the Council of Europe and the European Union.
3. The Region encompasses some of the richest and most developed countries in the world, with relatively good health status and advanced health and social systems, who nevertheless continue to face challenges, especially in the light of the recent financial downturn. Other countries must still significantly improve their development potential, health status and health systems. The challenge is to close the gap that currently exists in Europe, responding to citizens' expectations everywhere of improved health and good quality and efficient health systems.
4. The financial crisis of the past few years has had a bigger impact on the growth rate of economies in Europe than elsewhere, and health budgets are under increased scrutiny. Recent research on previous economic downturns shows that the main impacts tend to be in health and social terms, with poorer areas taking longer even simply to return to previous levels.
5. In Europe and globally, health has moved higher on the political agenda. Countries are challenged to deal with the health impact of the changing demographic and social landscape; the growing inequities in health within and between countries; and the health problems related to the recent economic crisis. Their health systems need to deal with the epidemic of noncommunicable diseases (NCDs), including the increase in neurodegenerative diseases, and to be better oriented towards prevention, quality, transparency, and patient needs and involvement. They need also to respond to transnational health challenges such as pandemic preparedness and control and climate change. All these issues require coordinated action across government portfolios, and one of the key challenges will be to engage and interact constructively across government and with other sectors.
6. Health is also a key factor in innovation and economic growth. In some countries, over 10% of the workforce are in the health sector. Total health expenditures constitute a major part of gross domestic product (GDP), with new health industries gaining ground. For example, the interface between information technology and health care will continue to reshape the way health services are provided. This is taking place against a background where many countries now lack sufficient health personnel and need to deal with issues related to training, retention and mobility in new ways.
7. In recent decades the scientific knowledge base on health and disease (including our understanding of the political, economic, social and environmental determinants of health and health inequalities) has grown exponentially. Europe has been one of the intellectual leaders in these and other areas of medical research, and it continues to contribute significantly to global health through the work of centres of excellence in both the public and the private sectors. At the same time, the availability of new (and often expensive) treatment opportunities creates demands and associated financial pressures on the health sector and governments.
8. The Member States and the WHO Regional Office for Europe need to engage in a common response to all these challenges and ensure that the health sector, together with its partners, works to protect health now, but also ensures that communities and economies are

ready and able to take advantage of the economic upturn when it arrives. This is indeed how Europe and the Regional Office responded with a strong focus on equity in the early 1990s, when the Region faced the challenges and opportunities symbolized by the fall of the Berlin Wall.

9. There is a lot that is positive. There is increased recognition of the importance of health, reflected in the growing number of actors entering the health arena both globally and regionally. They include groupings of state actors such as the G8 and the G20 groups of countries and, in Europe in particular, the European Union. At the same time, non-state actors, such as public-private partnerships, foundations, the private sector, nongovernmental organizations (NGOs) and civil society in general, as well as the health industry, have increased exponentially. In addition, a wide range of United Nations organizations, and the Bretton Woods institutions, continue to be active in the European Region. The need now is to harness this new political recognition and commitment to create new coalitions for health and improve sustainable health action.

10. This increased understanding and commitment are also reflected in governments (at the highest level) signing up to international agreements and declarations for health. These range from morally to legally binding instruments such as the Millennium Development Goals, the revised International Health Regulations and the Framework Convention on Tobacco Control, and they have important implications for the European Region. European countries have played a key role in developing these international commitments and need to be at the forefront of their implementation, not only within the European Region but also as part of a common global responsibility. At the same time, such public health tools should be evaluated and adapted for use in other relevant areas to meet Europe's future needs.

11. Awareness and understanding of the changing global and European context for health must underpin any vision for improving health in Europe and are crucially important in developing a European health policy. The present challenges and opportunities demand new ways of advocating, managing and responding at all levels in terms of health policy and action. Similarly, the WHO Regional Office for Europe needs to adapt its organization and way of working within this new context to better support its 53 Member States, so that "WHO in Europe" can strengthen its leadership role in health policy and public health and engage in partnerships and coalitions with a broader range of stakeholders, to make them able, together, to reduce health inequities and achieve "better health for Europe". Adaptation has to be continuous.

12. *In summary, the world and Europe have changed considerably during the past decade, they are much more complex, diverse and competitive, and Europe has to position itself in this complexity. The last 10 years have also resulted in significant changes to health and public health, and therefore it is not "business as usual".*

Positioning WHO in the European Region

13. WHO is a global organization and its Regional Office for Europe is an integral part of this, in the spirit of "One WHO" promoted by the GPG, which is chaired by the Director-General with the active participation of the regional directors and the Deputy Director-General. In accordance with Article 2 of its Constitution, WHO's role is to act as "the directing and coordinating authority on international health work".

14. In this regard, Member States have collectively defined the Organization's core functions, as confirmed in the most recent General Programme of Work:

- providing leadership on matters critical to health and engaging in partnership where joint action is needed;
- shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- setting norms and standards, and promoting and monitoring their implementation;
- articulating ethical and evidence-based policy options;
- providing technical support, catalysing change, and building sustainable institutional capacity; and
- monitoring the health situation and assessing the health trends.

The WHO Regional Office for Europe

15. The Regional Office needs to provide leadership and excellence in these core functions within its sphere of responsibility. The fundamental values in health that unite the European Member States still remain relevant. They continue to provide a common base for action. As the Director-General has said, “There is no sector better placed than health to insist on equity and social justice”.

16. For the Regional Office, this gives a new impetus to translate these values into action. The report of the Commission on Social Determinants of Health and the renewed global emphasis on primary health care provide the basis for this.

17. Health is an issue of high relevance for all countries in the European Region, and increased cooperation in the health sector provides an avenue to bring European countries, as well as European organizations, together around a common purpose. The social dimension of health is pertinent because inequalities exist and in several instances have increased within and between the countries. The size and membership of WHO in the European Region make it particularly well suited to address global issues as well as ones of regional and interregional concern related to health.

Strengthening the unique role of WHO in the Region

18. The concepts of leadership and authority are central to the unique role of WHO. Only the Regional Office can provide leadership and excellence in relation to the core dimensions of legitimacy in the health field:

- formal legal authority as an organization of sovereign states that can set norms and standards;
- “output legitimacy” based on technical excellence and public health innovation and foresight; and
- moral authority based on neutrality, impartiality and its mission to achieve the highest attainable level of health.

19. The above, together with the close and trusting relationship with its Member States, give WHO strong convening power and great comparative advantage.

20. All these clearly require a high standard of agency governance and a conscious effort to establish and ensure excellence in the Regional Office’s technical health work. The scientific quality and technical excellence of its work, the ability to be on top of new developments, and the expertise it provides to Member States and other health actors in the Region all need to be strengthened and harnessed in different ways. A new skill mix that mirrors the new challenges is

essential: health expertise needs to be combined with legal, economic, diplomatic, business, and social policy expertise. And finally, ethics and integrity are crucial: WHO must work with all sectors in society, while at the same time ensuring that its independence from special interests is guaranteed.

21. This is not business as usual: when facing all these new challenges, the Regional Office has to rethink its role; renew its vision and leadership; strengthen its collaboration with Member States with a view to making it more strategic; review and strengthen its traditional partnerships and develop new ones; and find new way of working, managing and responding to these public health challenges at all levels by building on the tremendous capacity in Europe.

22. It is always useful to go back to our roots and remind ourselves of the wisdom of the WHO Constitution, which is as valid today as it ever was. It clearly spells out that the objective of WHO is “the attainment by all peoples of the highest possible level of health”. Health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity”. WHO’s functions are also clear, as stated above and reconfirmed recently in the General Programme of Work.

23. As an intergovernmental body, WHO is the joint responsibility of the Member States and the Secretariat. Our role in the Secretariat is to prepare and facilitate good decisions, and to advocate for and implement them together with the Member States and other partners. In the European setting, it is the Regional Committee for Europe that formulates policies and strategies of a regional character, as the key decision-making body with a governance role. The Regional Office is the administrative organ of the Regional Committee, with an executive management prerogative for the Regional Director within the Regional Office.

24. All the above considerations have implications both for the governance as well as the leadership functions of WHO in Europe.

What is my vision of WHO in the European Region?

25. The WHO Regional Office for Europe, should be a centre of public health excellence. To fulfil this role it needs to be:

- a leader in health policy, public health and health system development, and this role should be earned and deserved, not simply claimed because it is laid down in the Constitution;
- a strong evidence-based organization, relevant to the whole Region, with strong technical programmes and high-calibre, top-notch staff known for their professional excellence;
- an organization that is ahead of developments and innovates, inspires and shows the way for Member States, but also one that takes full responsibility and accountability for turning decisions of the World Health Assembly and the Regional Committee into action;
- an organization that unites and integrates this diverse Region, acts as a bridge between its different parts and promotes solidarity, equity and health by building on the vast institutional capacity, expertise and networks of the Region;
- an organization that works in close partnership with others:
 - WHO headquarters and other regions;
 - European Union institutions; and
 - all traditional and new players;

and which creates fora for policy discussions with a view to fostering policy coherence in the Region;

- an organization with a positive environment for work that inspires and empowers staff, and which has sound financial management and is financially sustainable.

26. *These elements of my vision and the external challenges being faced have implications for the way that WHO engages in the European Region. They all require discussion and agreement with the Regional Committee, following appropriate preparatory work in its Standing Committee (SCRC).*

27. *I have identified seven strategic priorities where intensive work is needed to promote the above ideas and to ensure that the strategic directions set out in the papers on the Future role of the WHO Regional Office for Europe (document EUR/RC56/11 and resolution EUR/RC56/R3) are achieved. These strategic priorities are:*

1. **Development of a European health policy as a coherent policy framework** that addresses all the challenges faced by Europe in its quest for better health, including the underlying root causes, and that recommits the Regional Office to rejuvenated work on public health while continuing to work on health systems;
2. **Improved governance in the WHO European Region and in the Regional Office**
3. **Further strengthening of collaboration with Member States**
4. **Engaging in strategic partnerships for health and creating improved policy coherence**
5. **Strengthening the European contribution to global health**
6. **Reaching out through an information and communication strategy**
7. **Promoting the Regional Office as an organization with a positive working environment and sustainable funding for its work**

A European health policy

- **A new European health policy instrument**
- **A renewal and updating of national health policies and strategies**
- **A European study on social determinants to inform the policy**

28. *It is proposed that a new European health policy should be developed through a well-defined participatory process, for consideration by the Regional Committee. A draft policy framework could be presented to the Regional Committee at its sixty-first session in 2011 and finalized in 2012.*

29. *A new consensus between Member States on priorities needs to be built up – preferably through a new European health policy instrument.* Such a European health policy would confirm the underlying values and principles, and provide for an integrated and consistent framework to address the recent challenges to health and health equity in Europe in an effective way at regional, national and subnational levels, working closely with all Member States, relevant sectors and partners.

30. Reaching this objective will require further analysis of the social determinants of health, in particular as they affect the health divide in Europe, as well as the social gradient in societies, vulnerable population groups, gender and the impact of all these aspects on health policies and

actions by governments. Without this analysis, we will not be able to respond successfully to noncommunicable diseases and other challenges of our age. The analysis will certainly also address all the other determinants of health, such as lifestyles, the environment and climate change, and food safety.

31. The policy will integrate interrelated policy areas in a coherent way and will provide an opportunity to renew the Regional Office's commitment to public health, an area with long traditions in many European Member States. At the same time, it will offer an opportunity to further clarify the strategic linkages between public health and health care services, in particular primary health care, as foreseen in the holistic approach to health systems articulated in the Tallinn Charter.¹

32. The new European health policy will also help to position health as a critical domain in development, highlight its increased importance and demonstrate how far the territory of health and health policy has expanded. It will address the sustainable development of health systems and give impetus towards changes, reorientations and innovations, including linkages with other sectors and settings such as foreign policy, development policy, social welfare and services, economic policy, and the education sector, building on the positive experience gained in the European environment and health process over the past 20 years.

33. It will certainly promote health as a governmental responsibility and emphasize the need for intersectoral collaboration, but at the same time it will underline the important and critical role played by the health minister, who is in the driving seat for all health-related matters within and beyond the health care system.

34. *This European health policy will also be the inspiration for Member States in their work to develop, renew and update national health policy and strategies.* The Organization as a whole is committed to providing more support to Member States in this endeavour. This work currently constitutes a project led by the GPG (a body composed of the Director-General and the regional directors). The project will also provide the necessary health policy and health system framework for integrating the good work done by other partners (such as the Global Fund and the GAVI Alliance). It will also set attainment of the Millennium Development Goals as a top priority.

35. *Development of the European health policy will be underpinned by a European study on the social determinants of health,* which will build on the work of the global study but take it further to identify and address specific European problems. At the same time, all the existing knowledge will be pulled together in Europe and made available to the Member States. Efforts will be made to further develop monitoring systems and build capacity in this critical area, as well as mainstream these issues into technical programmes.

36. Fundamental to this work will be a renewed emphasis on the further development of public health systems, capacities and functions in Europe, and the trained human resources to promote public health effectively as a key function of society.

¹ WHO European Ministerial Conference on Health Systems "Health Systems, Health and Wealth", Tallinn, Estonia, 25–27 June 2008: report. Copenhagen, WHO Regional Office for Europe, 2009 (<http://www.euro.who.int/document/e92150.pdf>, accessed 12 July 2010).

Governance in the European Region and in the Regional Office

Governance by the Regional Committee and its Standing Committee

- **Strengthened governance roles for the Regional Committee and the Standing Committee of the Regional Committee**
- **Strengthened participation by Member States in the Organization's governing bodies**
- **Establishment of a high-level forum of government officials**
- **Organization of ministerial conferences to involve other sectors**
- **Use of the programme budget as a strategic tool and contract between the Regional Committee and the Regional Director**
- **Delegation of more statutory items to the Standing Committee, strengthening of its oversight capacity and increase in its size**

37. *Strengthening the governance roles of both the Regional Committee and its Standing Committee is an important objective.*

38. *The WHO Regional Committee for Europe is the central governing body of WHO in Europe: it formulates the policies that govern matters of an exclusively regional character, contributes to the formulation of global policies and strategies, and explores the implications of WHO global policies, strategies and decisions in the Region.*

39. A strong, active, well-supported Regional Committee is the arena for all important policy dialogues and decisions that shape the work of WHO in the Region. It also proposes and approves ministerial conferences that will promote attainment of WHO's objectives. The Regional Committee should also be the hub for all European stakeholders with an interest in health.

40. In order to ensure the active and full participation of Member States, the agenda of sessions of the Regional Committee needs to be both interesting and relevant to policy-makers and high-level government officials. The agenda and working papers should be prepared in a more participatory way. For this reason, it is suggested that a segment of each session of the Regional Committee should address policy issues that need dialogue, discussion and/or decision, with the intention of attracting policy-makers to become involved.

41. In order to prepare these discussions well, the establishment of a high-level forum of government officials should be explored, to ensure the full engagement of representatives of Member States as well as other partners in the development of policies and strategies such as the European health policy, the European study on social determinants and others; renewed political commitment to the prevention and control of noncommunicable diseases; and renewed commitment to public health and disease prevention. The modalities for such a forum will need to be decided in consultation with the Member States.

42. At the same time, whereas the policy issues that require the presence of ministers of health and their high-level officials are taken up within the Regional Committee, it is also advisable to organize ministerial conferences in areas where the involvement of other sectors is necessary.

43. To strengthen the governance and oversight function of the Regional Committee, the Regional Director proposes that the programme budget should be used as a strategic tool and contract between the Regional Committee and the Regional Director to ensure accountability for

the delivery of jointly agreed expected results and “deliverables”. This would be done using a two-step approach: presenting the proposed programme budget for 2012–2013, with its global and regional perspectives, to the Regional Committee in 2010 and agreeing on the priorities and distribution of resources. In 2011 – following approval of the global proposed programme budget by the World Health Assembly – the Regional Director will submit a paper to the Regional Committee setting out specific expected results and deliverables (to be developed as part of the operational planning) within the envelope of the approved regional budget; this will serve as the basis of the contract between the Regional Committee and the Regional Director.

44. At global level, there is also a need to improve the exchange of information and regional coordination during the World Health Assembly and sessions of the Executive Board, and the Regional Office will support an Organization-wide review of how such improved coordination can be institutionalized, for the benefit of both regional and global governing bodies.

45. *The Standing Committee of the Regional Committee has the role of giving advice to the Regional Director and working with the latter on preparing sessions of the Regional Committee.*

46. The Regional Committee may wish to consider delegating more statutory items to its Standing Committee through adoption of the corresponding resolutions, thus freeing up time in sessions of the Regional Committee itself for policy dialogue. The membership of the Standing Committee should also be increased, to ensure adequate geographical representation of the whole Region.

47. The Standing Committee’s oversight function should also be strengthened to ensure delivery of the results agreed upon with the Regional Committee, as has been done in the past, while respecting the Regional Director’s executive management prerogative. This can be done through the submission of regular management and financial reports by the Regional Director to the Standing Committee, and by the latter conducting regular peer reviews of the Regional Office’s technical programmes. Proposals on how this should be done will be put to the Standing Committee and agreement reached in the autumn of 2010; the Regional Committee will be informed accordingly.

48. Transparency around the work of the Standing Committee also needs to be improved throughout the year, by organizing open meetings where all Member States can attend and by other means such as webcasting.

Governance within the Regional Office

- **All core functions of the Regional Office to be located in Copenhagen**
- **A review to be made of the role of geographically dispersed offices (GDOs) and country offices and their links with the Regional Office and other partners, with a view to full integration**

49. *The aim is to see a strong Regional Office as a centre of technical excellence, with the GDOs and country offices fully integrated. All the core functions of the Regional Office will be located in Copenhagen: policy and strategy development and decisions thereon (together with the Regional Committee); evidence-based technical programmes relevant to the whole Region but with country specificities; country support; and strategic partnerships.*

50. *I have launched a review of GDOs to see how best to ensure that they continue to play an important role in this context by providing evidence, knowledge, advice on policies and support to implementation. Ultimately, WHO has to be relevant to its Member States, and country offices are important in the WHO architecture to ensure that this aim is achieved and to support*

the implementation of country work, especially in countries with large technical cooperation programmes. The role and links of country offices to the Regional Office and other partners are being reviewed as part of the renewed country strategy, to be submitted to the Regional Committee for endorsement at its sixty-first session in 2011.

(a) The Regional Office as a centre of technical excellence

- **Prioritization of work on health policy, noncommunicable diseases and lifestyles, social determinants, gender issues, vulnerable populations, information and evidence, while work on communicable diseases and health systems continues;**
- **Strengthening of human and financial capacity and ensuring the excellence of staff**

51. The new context and challenges require a strong WHO Regional Office for Europe. It must be an organization that unites, bridges and integrates the Region, promoting common European values, advocating health equity and an approach focused on the social determinants of health, and promoting intercountry cooperation. It must be a hub of health intelligence, with high-calibre, motivated staff brokering knowledge and providing information and analysis in a timely and flexible manner – nothing less than a public health beacon or lighthouse.

52. To this end, the Regional Office needs to work with Member States and with a wide, extended network of partners to advocate for and support the implementation of agreed treaties, norms, standards and guidelines, and to strengthen its capacity. As an organization, the Regional Office must be guided by transparency and accountability, taking its direction from the decisions made by its main governing bodies – the Regional Committee for Europe and the World Health Assembly. Above all, it must be an organization that provides a positive work environment; that inspires and empowers staff; that puts ethics and integrity at the forefront; that has the minimum necessary levels of hierarchy, clear accountabilities and a commitment to teamwork and excellence (as the norm); and that provides the staff with opportunities for development and training.

53. Traditionally, and in line with global priorities, the Regional Office has focused strongly on communicable diseases and the development of health systems. In future, policy development and support to Member States on noncommunicable diseases, (which are responsible for 77% of the disease burden in Europe as measured by disability-adjusted life years or DALYs), and their risk factors will require more attention, as will the social determinants of health, gender issues, vulnerable populations, governance, partnerships, information and evidence, as well as science/research and innovations. The required expertise and staff capacities in the Regional Office in all these technical areas will need to be strengthened and opportunities taken to build on synergies that emerge through joint work in Copenhagen and many centres around Europe.

54. Strengthening human capacity will require the Regional Office to increase and strengthen its capacity in financial terms, too. Additional sources of finance need to be developed as a priority. These also need to be sustainable, so that the Office can attract and retain high-calibre staff.

(b) The Regional Office as a networked organization

- **A fully functional and integrated Regional Office, with first-class evidence-based intercountry technical programmes**
- **A review of the role of GDOs and country offices**

- **Strengthened and revitalized health-related networks in Europe**
- **Better use of WHO collaborating centres**

55. The Regional Office, including all its 35 country offices and centres, must be fully functional and integrated, each part having clearly defined roles, functions and identities, and together operating as one strong evidence-based centre of excellence. There should be an appropriate blend of centralization and decentralization, with all core strategic policy functions and technical programme development located in or directed by a strong hub at the Office in Copenhagen and supported by the knowledge and evidence generated by the GDOs and collaborating centres.

56. Evidence-based technical programmes, together with technical support to countries, are the backbone of the Organization. The technical programmes support development work at European level, reflecting the priorities, specificity and diversity of the European Region, as well as at country level, adapting interventions to match the specific needs and resources of each Member State.

57. The GDOs have specialized functions and generate knowledge and evidence for policy-making. They are an integral part of the Organization, and they contribute to implementation of the Regional Office's policies and strategic plans, in line with the Organization's Medium-Term Strategic Plan and programme budget. The role of the GDOs as providers of evidence for Regional Office policies and actions and as important resources in supporting Member States needs to be clarified and strengthened, so as to make the best use of their work and eliminate possible duplications. This will be done as part of the review of the GDOs that has already been initiated.

58. Similarly, the review of country offices that has also been initiated will address issues such as the criteria for their establishment; recruitment practices and competency profiles; exit strategies; their role, status and linkages to the Regional Office; and the degree of their engagement with governments and other partners. The review will include an assessment of how the Regional Office's technical programmes should best balance their country and intercountry (regional-level) work and thereby best support all Member States, including those with country offices and biennial collaborative agreements (BCAs) (and the role played by such agreements) and those without. The review of country offices should also help to clarify the demands and needs of all the countries. This review will be part of a broader undertaking to define the Regional Office's country strategy for the next decade.

59. There are many health-related networks in Europe, and they can be a crucial resource for the Regional Office, both in its technical work and in implementing the overall vision of "better health for Europe". These networks range from nongovernmental or civil society organizations focused on specific topics, areas of policy or settings, to associations for public health or of health professionals. They can be critically important in advocating and promoting public health action, partnerships, change and innovation. This approach is not new for Europe, as it was pioneered by the Regional Office, but existing networks now need to be revived, revitalized and strengthened and new ones developed (e.g. with national public health institutions and all experts in Europe), so that their vast resources can be effectively used to supplement and complement the work and staff of the Regional Office.

60. There is a great potential for the Regional Office to increase its capacity by making better use of WHO collaborating centres. These centres can also be effective in helping to absorb and make use of new research findings and to forge closer links with universities and research institutes in general. Specific public health school and university networks (such as the International Association of National Public Health Institutes and the Association of Schools of Public Health in the European Region) can also help to strengthen research and development in

Europe. To achieve that aim, the Regional Office needs to strengthen its mechanisms for working in such networks and ensure that they have properly functioning contractual arrangements that include regular appraisal and periodic renewals.

Further strengthening collaboration with Member States

- **Training of high-level policy-makers in international and national health policy development, health system strengthening and health diplomacy (leadership training)**
- **Continued technical cooperation programmes in the Commonwealth of Independent States and countries of south-eastern Europe**
- **Relevance to the needs of European Union countries in the Region**
- **A renewed country strategy submitted to the Regional Committee in 2011**

61. *WHO in the European Region has to be relevant to all its Member States, in spite of the diversity of the Region. This means that they must receive full support from the Regional Office while drawing on the tremendous knowledge base and capacity of the other parts of the Organization. WHO also has to be involved in and support its Member States in their strategic health developments. A renewed country strategy, which also elaborates on the role of the country offices, will be submitted to the Regional Committee in 2011 for discussion and subsequent approval.*

62. In this diverse Region, the Regional Office can act as a bridge to ensure genuine international cooperation. It can build on the tremendous capacity in the Region, facilitating exchanges of expertise, arranging twinning projects between institutions to further know-how and expertise, and exchanging good and best practices. In addition, the Office's intercountry work is an excellent way of building capacity and learning. Leadership training for policy-makers in international and national health policy and in health system development would support the achievement of our aims.

63. WHO has to continue with its technical cooperation programmes in the Commonwealth of Independent States and countries of south-eastern Europe to meet their specific needs and priorities. However, these should be placed within the context of an overall nationally owned and developed health strategy, policy and plan. WHO will support countries in national health policy and strategy development (as part of the GPG project) and in integrating the work of other partners as part of efforts to strengthen national health policy and health systems.

64. WHO also has to be relevant to countries that are members of the European Union, the European Free Trade Agreement (EFTA) the European Economic Area (EEA) and other bodies and which do not have country offices and technical cooperation programmes (BCAs). WHO has to address their priorities, inspire their work through policies, strategies and technical programmes, advocate in these countries, and involve their institutions and expertise in networks that support countries with BCAs.

65. A renewed country strategy that will further elaborate on the above principles while including proposals on the future role of the country offices (as an outcome of the ongoing review) will be submitted to the Regional Committee in 2011.

Engaging in strategic partnerships for health and creating improved policy coherence

- **Acting as bridge between countries and sectors**
- **Strengthened and sustainable partnerships for health**
- **A strategic partnership with the European Union**
- **A partnership strategy to be submitted to the Regional Committee in 2011**
- **Create a partnerships forum to promote policy coherence**

66. *To further intensify the synergies between WHO and other international and national health actors in Europe, it is proposed to progressively strengthen cooperation with partners who share the Regional Office's values, vision and objectives. A partnership strategy will be submitted to the Regional Committee in 2011. Key aims will be to avoid duplication and make optimum use of resources. It is also proposed to create a forum with partners for policy coherence and it is also foreseen to sign a memorandum of understanding with the European Commission on a shared vision at the sixtieth session of the Regional Committee in 2010.*

67. The vision and overall goal of the Regional Office's partnership strategy is to promote policy coherence in health and to ensure close collaboration with partners on the basis of a shared vision. Partnerships help to create synergies, avoid duplication and mobilize financial and human resources for health in Member States and within the Organization. A continuous dialogue needs to be maintained with all key players to ensure policy coherence.

68. Partner selection and evaluation will be based on a number of criteria such as sharing common health values, goals and objectives, fostering increased regional health sector investments, bringing added value to WHO priority areas, fitting within a strategic planning and performance framework, maximizing of support to Member States, and being adaptable. Except for the strategic partnership with the European Commission, which is under development and is scheduled to be finalized at the sixtieth session of the Regional Committee with consideration of a separate working paper and draft resolution, all other partnerships with traditional and new partners will be further reviewed or developed and a partnership strategy will be submitted to the Regional Committee in 2011.

69. The health mandate of the European Union continues to grow, as does its membership and geographical basis, through extended neighbourhood partnerships. This provides a unique opportunity for a renewed and strengthened strategic partnership and vision between the European Union and WHO, which would benefit all WHO's European Member States. In this partnership, it is envisaged to move from the present project-based work to a more strategic collaboration.

70. Such a strategic partnership and vision will initially include the following examples of specific flagship initiatives:

- building one health security system to provide the same surveillance, response and prevention systems for the whole of Europe, to protect it from communicable diseases and other threats and conditions (including antimicrobial resistance and health care-associated infections);
- building one health information system for the whole Region, in collaboration with other relevant agencies (such as the Organisation for Economic Co-operation and Development), using a common set of data and indicators, with shared tasks for collection and analysis to provide one evidence base for policy and actions;

- building a better future for our children by bringing the debate on healthy lifestyles (tackling tobacco, alcohol and obesity for example) to schools and working with different sectors to protect and improve the health of today's Europe's present and of future generations;
- monitoring health inequalities and social determinants, and identifying and spreading good practice to facilitate the design of policies that mitigate their effects on health and to monitor and evaluate the application of such policies;
- jointly identifying, advocating and providing the resources for key research priorities and innovations that will bring the European research community together and maintain Europe's cutting edge in research and innovation at the forefront for strengthening health development and action;
- promoting the value and importance of investment in health, especially during and in the aftermath of the financial crisis, by disseminating evidence and best practices that help orient public spending towards the most effective and efficient interventions;
- strengthening in-country cooperation, through for example the WHO country offices, in the areas of joint advocacy, information exchange, donor coordination and joint and shared health assessments.

71. These flagship initiatives need to be developed in the light of the two institutions' individual mandates, specifying the areas where there would be joint activities (bringing synergy and additional value) and where they should continue to work separately. Such work has already begun in a number of the above areas, and the two institutions are also working together to inform the European health policy and to operate across sectors with a "health in all policies" approach. The European Union also brings new opportunities to WHO globally, and these must be developed in synergy with the above initiatives, especially research.

Strengthening the European contribution to global health

- **Health as a part of all policies**
- **Partnerships with emerging economies and developing countries**
- **Extended discussions with development agencies**

72. *WHO is a global organization, and health action in Europe is part of global health. What Europe does within its own sphere may impact the health of others and is in turn influenced by the global environment. The Region must therefore seek policy coherence in global health matters, too.*

73. The Regional Office needs to be conscious of the global environment in which it operates and where it can mobilize the diversity of European Member States to contribute to global health goals. This means supporting the growing understanding that health is part of all policies, including finance, trade, security and foreign affairs, social policy, and migration, labour and environmental policies. Effective structures and mechanisms will be required to make sure that the "voice" of health is clearly heard and included when such policies are developed and implemented. This requirement underlines the case for Health in All Policies (HiAP) approaches.

74. The Office can help develop insights into how a multilateral world order may provide a new opportunity for regional health governance, into the new interfaces between regional and global health governance, and into the interplay between global impact and global responsibilities. Together with other organizations and with WHO headquarters, it should help

to harness the intellectual resources available in the European Region in a way that could promote partnerships with emerging and developing economies, for example by creating capacity-building programmes and increasing local competence.

75. Ministers of health are seeking to speak with their counterparts and create intersectoral policies and synergies for health in new ways. This can be clearly seen in the increasing importance placed on bilateral cooperation in health between countries, and in the attendance of health ministers at board meetings of the Global Fund and governance meetings of the World Bank, and their participation in meetings of OECD and other bodies. The emerging economies will express increasing interest in European health systems, in terms of what works and what has failed. Through its work, the Regional Office should contribute constructively to such a global search for best solutions.

76. There should also be room in the context of the Office for more active discussions with development agencies –in respect of their work both within the Region (for example, in the central Asian republics) and globally. European countries must be a strong supporting voice for good global health governance and a powerful advocate for a sustainable European political and financial commitment to key global health dimensions such as health security² and health equity.

Reaching out through an information and communication strategy

- **Implementation of a vision for a common health information system**
- **Cost-effective and streamlined data collection**
- **Increased use of modern communication and information technology**

77. *The Regional Office needs to reach out beyond policy-makers and public health experts to the general public through the media and new forms of communication. A new European information and communication strategy for health will be developed and submitted to the Regional Committee in 2011.*

78. The Regional Office will work together with Member States and international partners towards a vision of a common health information system, with a clear-cut division of labour in the Region. This work will include advancing the state of the art for international concepts, joint data collection and innovative ways of analysing and disseminating health information. The need to increase the user-friendliness, timeliness and consistency of reporting, as well as to ensure better quality of international comparisons, will be guiding principles. This should go hand-in-hand with more cost-effectiveness, achieved through shared and more streamlined data collection among Member States, and joint health information products for evidence-based policy-making. The Regional Office will also work with its partners to regularly produce a joint report on the state of health in Europe as a flagship project.

79. Public health needs strong advocacy. Communication strategies will therefore have to be further developed using modern information and communication technology. The recent public health crises have shown that this issue is urgent and requires fresh thinking. The opportunities offered by modern communications technology need to be fully explored; they should provide

² Health security refers to the first line of defence against health threats that can devastate people, societies and economies. Such public health emergencies include emerging diseases (e.g. sudden acute respiratory syndrome (SARS), avian (H5N1) influenza and pandemic (H1N1) influenza 2009), natural disasters and large-scale accidents, conflicts, complex emergencies and health risks from the effects of climate change.

the means for a totally new approach to communicating on health within the European Region and beyond.

An organization with a positive working environment and sustainable funding

- **The Office established on a sound financial footing**
- **Alignment of donor decisions and strategic objectives**
- **Continuous review and adaptation of the Organization's staffing needs**

80. A central component of the vision for the Regional Office is to create an organization with a positive environment for work that inspires and empowers staff. This will require a review of staff-related issues, such as training and competency development, career opportunities, contract extensions, gender parity at all levels, incentives, an action plan against sexual harassment and bullying, and a healthy physical and psychosocial working environment. A staff policy needs to be developed for 2010–2011 in close collaboration with the Staff Association, to bring clarity and transparency in respect of the staffing issues mentioned above.

81. The Regional Office needs to respond to the changed international funding environment, in order to put its strategic agenda on a solid financial footing for the years to come. The Regional Office's work in this regard needs to be closely coordinated with the Director-General's recent initiative on "The future of financing for WHO", the outcome of which will be presented to the WHO Executive Board in January 2011.

82. To ensure the financial sustainability of the Regional Office and its work across the Region, Member States, donors and the Office need to work closely together. Greater alignment between donor decisions and WHO's strategic objectives will be critical in this regard.

83. With more than 80% of the Organization's funding now coming from voluntary contributions, two key issues were highlighted by the Director-General as part of the recent consultation on "The future of financing for WHO": how to better align the priorities agreed by the Organization's governing bodies with the monies available to finance them; and how to ensure greater predictability and stability of financing, in order to promote more realistic planning and effective management. A technical discussion will take place at the sixtieth session of the Regional Committee to inform Member States and provide a forum to enable regional input to the process launched at the Director-General's meeting in Geneva in January 2010 and its implications for the funding situation in the European Region.

84. While the European Region faces a number of region-specific challenges, which need to be further discussed by the Regional Committee, the initiatives taken here will need to be firmly anchored in the Organization-wide reform agenda for WHO financing. This reform agenda will include a tighter definition and alignment of core funding with priorities and core business, and a more disciplined and coordinated approach to resource mobilization across the Organization.

The future work programme of the European Region

85. Programme prioritization for any work programme is always a balancing act between available resources and health needs, priorities and responses to urgent and emerging public health crises and threats. Nevertheless, the regional needs and priorities of the Office, under the guidance of the Regional Committee, should reflect the main disease burden in the Region and its determinants, with the aim of improving the health status of the European population and

reducing the magnitude of health inequities. Furthermore, existing and emerging public health priorities in the Region will derive from and be part of the ongoing dialogue on the European health policy and also reflect the WHO global health agenda as set out in the Eleventh General Programme of Work 2006–2015, as well as being within the financial envelope and directions of the proposed programme budget for the European Region for 2012–2013.

86. With the above caveats, the future work programme of the Office will nevertheless include the following main areas:

- Health policy, social determinants of health, the life cycle, gender and vulnerable populations
- Health systems, with renewed focus on public health and prevention
- Noncommunicable diseases, disease prevention, lifestyles and health promotion
- Health security and communicable diseases
- Information, evidence, science, research and innovation for policy-making and technical programmes
- Environment and health and climate change

Road map and time frame

87. The overall objective is that, within five years, the WHO Regional Office for Europe will be further strengthened as a strong evidence-based centre of health policy and public health excellence, relevant to the whole Region, and with highly professional and motivated staff delivering high-quality technical programmes. It will also have well-established and strong strategic partnerships with European and global actors and will be fully engaged with them in joint actions for better and more equal health in Europe and the world.

88. This objective can only be achieved with the full support of and a clear mandate from the governing bodies and the Member States, and with their continued guidance and active participation. With this in mind, the following specific milestones have been set, linked to sessions of the Regional Committee to ensure regular feedback, input from and discussions with the governing bodies and the Member States. The milestones also take into account the time scales of the WHO global agenda (the General Programme of Work) and regional commitments such as the programme budget.

89. Starting with the sixtieth session of the Regional Committee in Moscow in September 2010, a mandate for the following items will need to be considered for delivery by the suggested dates and as also indicated in the attached resolution.

- (a) A renewed European health policy (report back on progress in 2011 and adoption in 2012).
- (b) Development of a strategy for the Regional Office's work in countries (to be approved in 2011).
- (c) Development of a new European information and communication strategy for health (to be approved in 2011).
- (d) Review and strengthening of the GDOs and country offices (report back in 2011).
- (e) Partnership strategy for health (to be approved in 2011) and a strategic vision of partnership with the European Commission (to be discussed in 2010).

- (f) One half-day of each Regional Committee session to be devoted to partnerships with other actors active on health in the European Region (to be considered from 2010 onwards).
- (g) Development of an action plan on noncommunicable diseases (report back in 2011).
- (h) Strengthening of networks (report back in 2012).
- (i) Renewed commitment to health promotion: alcohol policy and action plan; smoking policy and action plan; nutrition, diet and obesity; exercise and sport (to be developed between 2011 and 2012).

90. In one year's time, the goal is to have a strengthened Regional Committee and Standing Committee with new functions; a well functioning and strengthened Regional Office with good quality infrastructure and key staff positions filled; and a decision on the country strategy. A staff policy and fundraising strategy will also have been developed.

91. In two year's time, the goal is that the European health policy will be in place, together with other supporting mechanisms, such as the European review of the social determinants of health and a strategy for building capacity to implement the policy.

92. In three year's time, the goal is to have all the major technical programmes established with secure and sufficient funding. By that time, the Regional Office should be ready in infrastructure terms to operate fully as a centre of public health excellence.

93. During the remaining two years of the five-year period, the focus will be on ensuring that efforts are devoted to continuing to build up and peer-review quality technical programmes and support the development and adaptation of tools as requested and needed for the implementation of the European health policy, to achieve "better health for Europe".

Conclusions

94. The global and regional context for the work of the WHO Regional Office for Europe is undergoing substantial changes in the fields of globalization, technology and lifestyles. Epidemiologically, noncommunicable diseases have come to the fore. New scientific and technological understanding of health and disease offers revolutionary opportunities for disease prevention and management.

95. As part of WHO's global architecture, the Regional Office for Europe must respond to these diverse challenges to health in the European Region, strengthening its leadership and authority by increased relevance, specificity and excellence in its work.

96. Seven key strategic priorities have been proposed, including most notably work to develop a new European health policy. The ways in which the Regional Office is governed, and the structure and content of and the balance between its country and regional level work, will require significant transformation, as will its external relationships. A new information and communications effort will be required. In addition, Europe is particularly well-placed in terms of knowledge and skills to make a significant wider contribution to global health.

97. To support work on these seven strategic priorities, a suggested road map and time frame have been presented. The approved programme budget for 2012–2013 (and the operational plan with specific products for delivery) should form the basis on which the Regional Committee can review and hold the Regional Director accountable for the "delivery" of this road map.