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The work of WHO in the European Region in 2012–2013: interim report of the Regional Director

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This document contains a report by the WHO Regional Director for Europe on the work done by the Organization in the European Region since the start of the 2012–2013 biennium.

In 2010, the Regional Director proposed an ambitious five-year vision for better health in the WHO European Region, which Member States adopted at the sixtieth session of the WHO Regional Committee for Europe. The WHO Regional Office for Europe and the 53 countries it serves agreed to follow a roadmap with specific milestones, to enable the Regional Office to respond to the changing European environment and to further strengthen it as an evidence-based centre of health policy and public health excellence that could better support the Region's diverse Member States. Since then, working with countries and a wide range of partners, the Regional Office has pursued seven overarching and interrelated priorities. In the 2012–2013 biennium, which includes the halfway point of the period covered by the vision, work was either completed or well advanced in all these areas. The report describes the progress made and gives an overview of the work that remains to be done in order to achieve the Regional Director's vision by the target date of 2015.

The Regional Committee is invited to take note of the report, and consider the accompanying draft resolution contained in document EUR/RC63/Conf.Doc.1.

WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR EUROPE
UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark Telephone: +45 45 33 70 00 Fax: +45 45 33 70 01
Email: governance@euro.who.int Web: http://www.euro.who.int/en/who-we-are/governance

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Acronyms

CAESAR	Central Asia and European Surveillance of Antimicrobial Resistance (network)
CCSs	country cooperation strategies
CEHAPIS	climate, environment and health action plan and information system (WHO project)
CINDI	Countrywide Integrated Noncommunicable Diseases Intervention (network)
CIS	Commonwealth of Independent States
CVD	cardiovascular diseases
DALYs	disability-adjusted life years
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EEA	European Environment Agency
EFSA	European Food Safety Authority
EMCA	European Mosquito Control Association
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESCMID	European Society of Clinical Microbiology and Infectious Diseases
EU	European Union
Eurostat	statistical office of the European Union
EVIPNet	Evidence-Informed Policy Network
FCTC	WHO Framework Convention on Tobacco Control
GPG	Global Policy Group
GPW	Twelfth General Programme of Work for 2014–2019
HBSC	Health Behaviour in School-aged Children (study)
HPA	Health Protection Agency (the United Kingdom)
IAEA	International Atomic Energy Agency
IHR	International Health Regulations
ILO	International Labour Organization
IOM	International Organization for Migration
JLN	Joint Learning Network for Universal Coverage
KIT	Royal Tropical Institute (Netherlands)
MERS-CoV	Middle East respiratory syndrome coronavirus
M/XDR-TB	multidrug- and extensively drug-resistant tuberculosis
NCDs	noncommunicable diseases
NGO	nongovernmental organization
NIS	newly independent states
NIVEL	Netherlands Institute for Health Services Research
OECD	Organisation for Economic Co-operation and Development
OHCHR	Office of the High Commissioner for Human Rights
PACT	Programme of Action for Cancer Therapy
PBAC	Programme, Budget and Administration Committee (of the WHO Executive Board)
polio	poliomyelitis
Rio+20	United Nations Conference on Sustainable Development
RIVM	National Institute for Public Health and the Environment (Netherlands)
RCC	European Regional Certification Commission for Poliomyelitis Eradication
RVC	European Regional Verification Commission for Measles and Rubella Elimination
SCRC	Standing Committee of the Regional Committee
SEEHN	South-eastern Europe Health Network
SMART	specific, measurable, achievable, relevant and timely (targets)
TB	tuberculosis

UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
VBORNET	European Network for Arthropod Vector Surveillance for Human Public Health

Introduction: pursuing better health for Europe

1. In 2010, Zsuzsanna Jakab, WHO Regional Director for Europe, proposed an ambitious five-year vision of better health in the WHO European Region *(1)*, and Member States adopted it at the sixtieth session of the WHO Regional Committee for Europe *(2)*. The WHO Regional Office for Europe and the 53 countries it serves agreed to follow a roadmap with specific milestones, to enable the Regional Office to respond to the changing European environment and to further strengthen it as an evidence-based centre of health policy and public health excellence that could better support the Region's diverse Member States *(1)*.

2. Since then, working with countries and a wide range of partners, the Regional Office has pursued seven overarching and interrelated priorities *(3,4)*:

- developing a European health policy as a coherent policy framework that addresses all the challenges to better health in the Region (including the underlying root causes) through both rejuvenated work on public health and continued work on health systems;
- improving governance in the WHO European Region and in the Regional Office;
- further strengthening collaboration with Member States;
- engaging in strategic partnerships for health and creating improved policy coherence;
- reviewing Regional Office functions, offices and networks;
- reaching out through improved information and communications; and
- promoting the Regional Office as an organization with a positive working environment and sustainable funding for its work.

3. In the 2012–2013 biennium, which includes the halfway point of the period covered by the vision, work was either completed or well advanced in all these areas *(5)*. While different sections of this report address some of the priorities specifically, work on many of them frames or underlies a wide range of the activities of the WHO Regional Office for Europe.

4. The driving force for all these activities is the health situation in the Region. The 2012 edition of the Regional Office's flagship publication, the European health report, details this situation *(6)*. It describes how, although the Region has gained five years' life expectancy, which is a tremendous success, inequalities in health – between men and women, groups within countries and countries in the Region – not only persist but are growing. These, along with gaps in health system development, led to a twelve-year gap in life expectancy and a threefold gap in estimated disability-adjusted life years (DALYs) lost per country population. Europe's ageing population – people aged 65 years or more are predicted to comprise over 25% of the total by 2050 – has high expectations of and makes increasing demands on health services stretched thin, in some cases, by the global financial crisis of recent years. Noncommunicable diseases (NCDs) account for the lion's share of the burden of disease in Europe (including over 80% of deaths), but avoidable illness and death from communicable diseases remain important problems. Cardiovascular diseases (CVD), cancer and external causes of injuries and poisoning remain the most important NCDs; among communicable diseases, concern focuses mainly on tuberculosis (TB), HIV/AIDS and other sexually transmitted infections, but recent poliomyelitis (polio), rubella and measles epidemics in Europe re-emphasize the need to sustain or improve surveillance work for disease prevention and health promotion *(6)*.

5. This report gives highlights of the work of the WHO Regional Office for Europe in addressing all these challenges in 2012–2013. Details of all the Regional Office's activities are available on its web site *(7)*.

1. Tackling Europe's health challenges and priorities

Health 2020: the European policy for health and well-being

6. In addition to crafting specific responses to the challenges to better health in the Region (described below), the WHO Regional Office for Europe developed the new European health policy, Health 2020, which addresses all of them and links all Regional Office activities. In 2012–2013, the Regional Office completed the development process; the Regional Committee enthusiastically adopted the policy framework, and implementation of Health 2020 began *(5)*.

7. As requested by the Regional Committee *(2,3)*, the Regional Office gathered evidence by consultation with hundreds of experts from a wide range of disciplines (through the Internet, at face-to-face events and through such bodies as the Regional Committee, the Standing Committee of the Regional Committee *(8)* and the European Health Policy Forum for High-level Government Officials), documented the experience of policy-makers and public health advocates, and conducted peer reviews by thousands of stakeholders to ensure Health 2020's relevance in different contexts and systems. At the same time, the Regional Office sought evidence to inform the policy and support action for its implementation. It brought the process to fruition by presenting the 2012 Regional Committee with two policy documents *(9,10)* and a panoply of supporting information on the evidence base, implementation and a monitoring framework *(11–14)*.

8. The sixty-second session of the Regional Committee warmly welcomed Health 2020 *(5)*. Speakers from 30 countries welcomed its roots in earlier Regional Office policy work (such as policies for health for all and the Tallinn Charter: Health Systems for Health and Wealth *(15)*), alignment with the work for WHO reform, underlying evidence base, the whole-of-government and -society approaches required, and synergy with the proposed action plan to strengthen public health *(16)* and a range of European Union (EU) policies and programmes. In resolution EUR/RC62/R4 *(17)*, the Regional Committee:

- praised the participatory development process;
- adopted the regional policy framework for health and well-being *(9)* as a guiding framework for health policy development in the Region, including a few regional targets and indicators relevant to all Member States;
- welcomed the European health policy framework and strategy *(10)* as a source of evidence-based guidance on policies and actions to implement Health 2020;
- called on Member States to consider Health 2020 when developing and updating their policies for health development; and
- asked the WHO Regional Director for Europe to develop a monitoring system for Health 2020 for submission to the 2013 Regional Committee.

9. Health 2020 is a valuable tool for a range of actors in health:

- indicating new leadership roles and opportunities for ministers of health;
- identifying ways to make an economic case for investment in health for government leaders;
- outlining integrative strategies and interventions for health professionals to address the major health challenges in the Region, to link these with equity and the social determinants of health and to strengthen health systems;
- basing work with partner agencies on a common set of values, evidence and experience; and

- empowering citizens, consumers and patients for patient-centred care.

10. The WHO Regional Office for Europe supported the adoption and adaptation of Health 2020 approaches in countries, which began using them in policy-making during the development phase, through means including an interactive web site *(18)*. This work focused on three major areas: using high-profile events to launch Health 2020 and raise awareness at the national and international levels, aligning the Regional Office's work to support countries in the current and next biennia, and applying a Health 2020 lens to its programmatic work, as shown below. The Regional Office began developing an integrated implementation package to help Member States introduce Health 2020 to sectors other than health, and develop whole-of-government and life-course approaches.

Evidence base

11. Convened by the Regional Office, a group of experts drafted Health 2020 and its support documents, using the best available evidence, systematically reviewed and collated. To support this work, the Regional Office mapped the best solutions to public health challenges in the European Region and opportunities to promote health and well-being, and commissioned or adopted six studies, published in 2012–2013. These studies provide evidence supporting the effectiveness of Health 2020's objectives, approaches and strategies.

12. Chaired by Professor Sir Michael Marmot, supported by a secretariat at University College London, United Kingdom and drawing on the work of 13 task groups, the review of the social determinants of health and the health divide in the WHO European Region analysed health inequities between and within European countries and recommended policy options for immediate action on health inequities in low-, middle- and high-income countries *(19)*.

13. The two studies on governance for health in the 21st century, led by Professor Ilona Kickbusch, reviewed new, collaborative approaches to governance that were driven by the changing nature of current challenges, showed the need for whole-of-government and -society approaches to secure overarching societal goals (such as prosperity, well-being, equity and sustainability) and proposed five types of smart governance for health *(20,21)*.

14. The study of intersectoral governance for health presented analysis of and experience with the use of structures for intersectoral governance (ranging from committees to financing arrangements and means of engaging the public and industry) to ensure the consideration of health in all policies *(22)*.

15. The European Observatory on Health Systems and Policies, a partnership hosted by the Regional Office, and the Organisation for Economic Co-operation and Development (OECD) collated evidence on the economic case for investing in public health actions, including that for investing before health care services are required, and showed the need for wide-ranging preventive strategies, addressing multiple determinants of health across social groups, as cost-effective means of tackling chronic diseases through interventions to modify lifestyle risk factors *(23)*.

16. Finally, the WHO Regional Office for Europe reviewed and analysed the commitments made between 1990 and 2010 in Regional Committee resolutions, policy statements from conferences and legally binding instruments (the International Health Regulations, the Protocol on Water and Health and the WHO Framework Convention on Tobacco Control). It aimed to support the development of Health 2020 and facilitate its implementation as a reframing of previous commitments within a coherent and visionary approach *(24)*.

Targets and indicators: measuring health and well-being

17. In 2012, the Regional Committee agreed on six overarching targets for Health 2020 *(5)*.

- Reduce premature mortality in Europe.
- Increase life expectancy in Europe.
- Reduce inequities in health in Europe.
- Enhance the well-being of the European population.
- Provide universal coverage in Europe.
- Establish national targets set by Member States.

18. This was the end of a broad consultative process aimed to secure specific, measurable, achievable, relevant and timely (SMART) targets. Member States provided detailed input, particularly through three meetings of the European Health Policy Forum for High-level Government Officials, concluding in April 2012 in Belgium *(25)*, and a working group established under the Standing Committee of the Regional Committee (SCRC) *(8)*. This working group and extensive written and face-to-face country consultation winnowed the initial list of 51 targets to the 6 approved by the SCRC in May 2012 and the Regional Committee in September.

19. To provide indicators to measure progress towards the targets, the Regional Office broke new ground in 2012–2013: trying for the first time to map and measure well-being *(6,11,26,27)*. It convened two expert groups, addressing the measurement of well-being and Health 2020 indicators. At a joint meeting in February 2013, these and the SCRC working group on targets for Health 2020 put forward 17 indicators for the 6 targets, including 1 on subjective well-being (life satisfaction) *(27)*; work on indicators of objective well-being was expected to be completed by the end of 2013. The Regional Office started consultation on the indicators with Member States in April, so that the full list could be submitted to the sixty-third session of the Regional Committee.

Other work for equity and health development

20. In addition to making equity the core of Health 2020, the WHO Regional Office for Europe worked to reduce health inequities affecting vulnerable social groups. For example, its new programme on vulnerability and health worked to realize the right to health of women and marginalized populations, and the Regional Office designated a WHO Collaborating Centre on Vulnerability and Health at the University of Debrecen, Hungary, in February 2012 *(28)*. The Regional Office helped to strengthen the health components of national strategies for Roma integration and policy and action plans for the EU Decade of Roma Inclusion 2005–2015 by such means as supporting the Roma Health Fund, a nongovernmental organization (NGO) *(29)* and publishing a quarterly newsletter in cooperation with the European Commission (EC) Directorate-General for Health and Consumers and the University of Alicante, Spain *(30)*. Within its project on the public health aspects of migration, supported by Belgium and Italy, the Regional Office sent a mission to the islands of Lampedusa and Linosa, Italy in 2012 to make recommendations to the Ministry of Health on developing preparedness guidelines for the local health authorities to use in meeting the needs of a large flow of migrants *(31)*.

21. The Regional Office supported countries' efforts to achieve the health-related Millennium Development Goals (MDGs) through its technical programmes, reported on progress towards achieving MDGs 4–6 *(32)* and, with the WHO Collaborating Centre on Social Inclusion and Health at the University of Alicante and the Spanish Ministry of Health, Social Services and Equality, organized a training course on reorienting work to achieve MDGs 4 and 5 for greater

health equity for Roma people, for public health experts from Albania, Bosnia and Herzegovina, Bulgaria, Montenegro, Serbia and the former Yugoslav Republic of Macedonia. The Regional Office led two United Nations interagency working groups coordinating action towards MDG achievement: on the health of Roma women and children and on tackling inequities. This was part of an interagency coordination initiative involving the United Nations Population Fund (UNFPA), the Office of the High Commissioner for Human Rights (OHCHR), the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF) and the International Organization for Migration (IOM).

22. Further, the Regional Office was closely engaged in the process of determining the development agenda after 2015 (the deadline for achieving the MDGs), to ensure that health is positioned as a critical contributor to and outcome of sustainable development and human well-being (5). The Regional Director took part in discussions of this topic at meetings of United Nations regional directors in Switzerland in October 2012 and Denmark in March 2013. In addition, Albania, Armenia, Azerbaijan, Kazakhstan, Montenegro, the Republic of Moldova, Serbia, Tajikistan, Turkey and Ukraine, plus Kosovo (in accordance with Security Council resolution 1244 (1999)), conducted consultations on the post-2015 development agenda. A regional United Nations interagency advocacy package was prepared, describing the main achievements and challenges faced in Europe with the MDGs and setting a vision for health after 2015. The Regional Office prepared a regional consultation September 2013, to be hosted by Turkey, as a platform for discussion among multiple stakeholders.

2. Strengthening health systems

23. Europe's health challenges and the pressures exerted by the financial crisis highlighted the need for comprehensive responses from health systems, working towards universal coverage with evidence-informed policies. Strengthening health systems is one of the four pillars of Health 2020 *(18)*.

Action plan to rejuvenate public health

24. Emphasizing public health as an essential component of health systems, the Regional Office developed the European Action Plan for Strengthening Public Health Capacities and Services *(16)*, to strengthen public health functions, infrastructure and capacity for health protection, disease prevention and health promotion in an integrated approach, including primary health care. The Action Plan encompassed 10 essential public health operations, grouped for the integrated delivery of services *(16)*, and provided a self-assessment tool that each country could use to identify any gaps in areas of work or funding. The Plan would be implemented between 2012 and 2020, with continued consultation with Member States, expert and working groups; a governance structure; and a steering group.

25. The Action Plan is at the heart of Health 2020 and its implementation; like the new policy, it was in line with WHO reform, would support implementation of the Tallinn Charter *(15)* and was developed through a process of wide consultation with, for example, civil-society and health professionals' organizations, and through numerous meetings at the subregional, regional and global levels. In addition, the Regional Office based the Plan on solid evidence, including assessments of public health services and capacity in 41 of the 53 countries in the Region, a study on institutional models and funding structures for delivering essential public health operations, and a study on tools and instruments for legislation and policy on public health *(33–35)*.

26. The 2012 Regional Committee strongly endorsed the Action Plan, calling on countries and international partners to implement it, and asking the Regional Director to further develop its essential public health operations and self-assessment tool, and to report on this and the implementation of the Action Plan to the Regional Committee in 2016 *(5)*.

27. As with Health 2020, countries began using the tools and implementing the Plan during the development process, and the Regional Office supported countries' implementation efforts after its adoption. This included promoting the Action Plan at meetings of the South-eastern Europe Health Network (SEEHN) in December 2012 and the International Network of Health Promoting Hospitals and Health Services in January 2013, and helping the Republic of Moldova to use it in developing a new national public health strategy *(36)*.

Comprehensive responses from health systems

28. Universal health coverage was the key policy direction in the Regional Office's work to strengthen health systems *(36)*. Many countries had achieved substantial progress in providing their populations with financial protection and access to health care, but 19 million people in the Region were still subject to out-of-pocket health expenditures that placed a catastrophic burden on their households.

29. In 2012–2013, the Regional Office supported countries with a range of products and services to promote policies that help them move towards or sustain universal coverage. It offered tailored advisory services and policy dialogues in Member States on key issues in health financing policy, developed lessons and policy recommendations to strengthen health systems' resilience, and conducted national, regional and multicountry training to build countries' capacities *(37)*. It also worked the strengthen health systems' workforces.

Supporting health system reforms in countries

30. Examples of the Regional Office's work with countries included providing Greece with technical assistance in the pricing and reimbursement of pharmaceuticals and other public health areas, support to the country's health care reform process and advice on governance and financing arrangements for technical assistance funded by the EU. Support to the Republic of Moldova in 2012 took many forms:

- a workshop on the implementation of public–private partnerships in the health sector, with support from the World Bank;
- a flagship course on health system strengthening and sustainable financing;
- a policy dialogue on moving towards universal health coverage by strengthening health financing policies; and
- a review of health financing reforms in the country *(38)*.

31. Research on out-of-pocket payments bore fruit in the second half of 2012. The Regional Office published an analysis of the data behind the estimates of such payments in the former USSR in July *(39)* and presented the Armenian Government with the findings of a two-year research project on out-of-pocket health payments, which were used in discussions to further improve financial protection for Armenian citizens, in December. As part of a series of activities supported by WHO headquarters and the United Kingdom Department for International Development, the Regional Office held a policy seminar in Kyrgyzstan that connected universal coverage with the modernization of service delivery. At the end of the year, it joined with the World Bank and the United States Agency for International Development (USAID) to advise the Government of Georgia on measures to establish a universal benefit package of health services for the population.

Working for the financial sustainability and resilience of health systems

32. Since the onset of the global economic crisis, the WHO Regional Office for Europe has intensified its engagement with Member States on the financial sustainability of the health systems in three ways:

- doing analytical work to build the evidence base;
- fostering policy dialogue and events to disseminate current evidence and share ideas on and experience with policy responses and lessons for the future; and
- providing technical assistance directly to countries (as discussed above).

33. The Regional Office launched a new section of its web site, outlining its efforts and those of Member States to mitigate the negative impact of the crisis on health and health systems, and containing major publications and guidance materials *(40)*. With the World Bank and the Joint Learning Network for Universal Coverage (JLN), the Regional Office started work to develop a diagnostic and assessment guide to support countries making reforms to mechanisms for paying health-service providers in February 2012. In addition, the Regional Office and the European Observatory for Health Systems and Policies reported on the Irish health system's responses to financial pressures *(41)*, and drafted an updated summary of policy responses by European countries for submission to the 2013 Regional Committee.

34. The Regional Office and partners held a range of events to support the exchange of information and ideas on health financing *(40)*. The Regional Office and OECD organized a joint meeting on the financial sustainability of health systems in central, eastern and south-eastern Europe, in Tallinn, Estonia in June 2012. It helped strengthen collaboration between health and finance officials, and the Regional Office continued to explore further collaboration with the OECD and the EU in this field. Co-hosted by Andorra and with sponsorship from the World Bank and the Catalan health authorities in Spain, the Regional Office coordinated a high-level seminar on the governance of health financing for delegations from Andorra and Montenegro, in November 2012. It held the ninth Baltic policy dialogue in Latvia in December, focusing on hospital financing and governance, for senior representatives of the health ministries of Estonia, Latvia and Lithuania. Further, the Regional Office prepared a conference to review the implementation of the Tallinn Charter *(15)* since its adoption in 2008, to be held in October 2013.

35. Health ministers discussed policy responses to the economic crisis at the 2012 Regional Committee; work in this area culminated in the conference on health systems in times of global economic crisis, held in April 2013 in Oslo, Norway *(42)*. Four years after Norway hosted the first such event, the Regional Office brought together senior policy-makers from ministries of health and finance, and health insurance funds, patients' organizations, international partners and researchers, to review the situation across the Region. The participants reviewed the effects of the crisis on health systems, took stock of government policy responses and assessed the overall impact on health-system outcomes. They considered a draft of the WHO and Observatory summary of policy responses by European Member States, and an in-depth examination of selected countries, and reached broad agreement on 10 policy responses needed to address the health impact of the economic crisis. Participants called for a focus on areas and services that encourage economic growth and reinforce solidarity and equity *(43)*.

Training to build capacity

36. The Regional Office's major training activities included the second Barcelona Course in Health Financing, held in May 2012 with live webcasting of two sessions. The Course reviewed effective policy instruments to improve health system performance through better health financing policy and its special theme was moving towards and sustaining universal coverage,

highlighting how to counter the impact of economic downturns. The third Course took place in May 2013.

37. With the World Bank Institute and the Health Policy Analysis Centre of Kyrgyzstan, the Regional Office offered the Flagship Course on Health System Strengthening, focusing on NCDs, in September and October 2012, attended by 50 senior officials and health-sector stakeholders from Albania, Armenia, Azerbaijan, Bulgaria, Kazakhstan, the Republic of Moldova, Romania, the Russian Federation, Serbia, Spain, Tajikistan, Turkey, Ukraine and Uzbekistan. In addition, OECD, WHO headquarters and the WHO Regional Office for Europe held a technical workshop on the implementation of the health financing framework under the System of Health Accounts for OECD, EU and EU accession countries, in Paris, France in October 2012.

Seeking a skilled and sustainable health workforce

38. The Regional Office focused on capacity building in and the sustainability of the health workforce *(44)*. This work included a three-day capacity-building workshop for paediatricians in April 2012 in Tajikistan, and a technical meeting to strengthen the health workforce knowledge base to support evidence-informed health policies in June in the Republic of Moldova. The latter was organized by the WHO Regional Office for Europe in collaboration with SEEHN and hosted by the Ministry of Health of the Republic of Moldova, and drew participants from Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Israel, Montenegro, the Republic of Moldova, Romania, Serbia and the former Yugoslav Republic of Macedonia.

39. With the European Observatory on Health Systems and Policies, the Regional Office held a policy dialogue, in Belarus in August 2012, on new skills and roles for health professionals in countries in the Commonwealth of Independent States (CIS). At the 2012 session of the Regional Committee, it held a technical discussion for representatives from health ministries, international organizations and NGOs on action needed to achieve a sustainable health workforce and strengthen health systems in Europe. The WHO regional offices for Europe and the Western Pacific, in cooperation with a WHO collaborating centre and the Royal Tropical Institute (KIT) in Amsterdam, prepared an international policy dialogue in the Netherlands in May 2013 on challenges to health-workforce mobility and recruitment.

40. Finally, the Regional Office convened meetings of health professionals, including a subregional meeting of chief nursing officers from CIS countries in St Petersburg, Russian Federation in October 2012. It supported a joint meeting of chief medical, nursing and dental officers held by Cyprus in October 2012, in the context of its EU Presidency.

Evidence and information for policy-making

41. As this report shows, providing evidence and information for policy-making forms a major part of nearly all Regional Office activities. Work to build the evidence base to support Health 2020 *(6,11,12,18–24)*, define its goals and construct indicators to measure progress towards achieving them *(26,27)* is described above. This section deals with other examples.

42. Following the roadmap agreed in 2010, the WHO Regional Office for Europe and EC made good progress in 2012–2013 towards their agreed goal of building a common public health information system for the European Region *(45)*. The partners completed the first three steps:

- mapping their existing health information systems, including databases *(46)*;
- reviewing the quality and architecture of these systems, including devising quality criteria; and

- seeking and bringing on board other potential partners and stakeholders, such as OECD, Eurostat (the statistical office of the EU) and the National Institute for Public Health and the Environment (RIVM) of the Netherlands.

43. They planned to complete the remaining two before the end of 2013:

- defining common needs and constraints; and
- determining a concrete way forward and devise an action plan.

44. The partners aimed to further strengthen collaboration by involving the EC Directorate-General for Health and Consumers in the drafting of WHO's European health information strategy and its working group on measuring well-being *(26,27)*, and involving the Regional Office in relevant health information activities led by the Directorate-General.

45. In addition, the Regional Office maintained and updated its widely used statistical databases and interactive atlases of health inequalities in 2012–2013 *(46)*. To further promote the systematic use of health-research evidence in policy-making, it launched EVIPNet (the WHO Evidence-Informed Policy Network) in the European Region at a workshop in Bishkek, Kyrgyzstan in October 2012, attended by representatives of Azerbaijan, Kyrgyzstan, Tajikistan and Turkmenistan, along with partner organizations, including the Overseas Development Institute, United Kingdom, UNFPA and USAID *(47)*. EVIPNet would begin in the Region by organizing a series of workshops on the different ways to support evidence-informed health policy in the central Asian republics.

3. NCDs and promoting health throughout life

46. The WHO Regional Office for Europe pursued the global target on NCDs, adopted by the 2013 World Health Assembly, by both promoting a comprehensive, integrated approach and supporting action on individual risk factors, and worked to promote health throughout the life-course.

Supporting comprehensive action

47. In 2012–2013, the Regional Office started implementing two commitments made in 2011: the European Action Plan to Implement the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016, and the Political Declaration of the United Nations General Assembly *(48,49)*.

48. As requested by the United Nations high-level meeting on NCD prevention and control, the 2012 World Health Assembly set a global target of a 25% reduction in premature death from NCDs by 2025. The Regional Office conducted a web-based consultation to maximize European Member States' input to the global process of choosing specific targets and indicators for a global monitoring framework for NCDs *(50)*, and the Norwegian Government hosted a consultation on the framework, as well as one on the global and European action plans on mental health. The 2013 World Health Assembly adopted the global framework, comprising 9 global targets and 25 indicators *(10)*.

49. Work at both the global and regional levels focuses on leading NCDs (CVD, cancer, diabetes and chronic respiratory diseases) and their shared risk factors (tobacco use, harmful use of alcohol, physical inactivity and unhealthy diet); the European Action Plan provides a comprehensive and integrated framework for interventions in four priority action areas *(48)*:

- governance, including building alliances and networks, and fostering citizen empowerment;
- strengthening surveillance, monitoring and evaluation, and research;
- promoting health and preventing disease; and
- reorienting health services further towards prevention and care of chronic diseases.

50. The Regional Office worked closely with partners and countries to support its implementation. Several European countries strengthened their health information systems by improving the data collected on NCDs. Azerbaijan, Turkey and Uzbekistan implemented the WHO STEPwise approach to surveillance, a simple, standardized method for collecting, analysing and disseminating data on the main risk factors for NCDs. The Regional Office supported Azerbaijan, Bulgaria, Estonia, Lithuania, the Republic of Moldova and Ukraine in developing strategies and plans on NCDs. Through a project supported by the Russian Government, WHO worked intensively with Armenia, Kyrgyzstan, Tajikistan and Uzbekistan to develop NCD strategies and policies, and strengthen their integrated surveillance systems. Through the Programme of Action for Cancer Therapy (PACT), WHO, and the International Atomic Energy Agency (IAEA) help countries optimize their investments in cancer prevention and control by assessing and making recommendations on their cancer programmes. In 2012–2013, missions were organized to Armenia, the Republic of Moldova, Romania, and Tajikistan.

51. In April 2012 and under the auspices of the Danish EU Presidency, the Regional Office organized the European Diabetes Leadership Forum, with OECD and the Danish National Diabetes Association; and the First European Conference on Patient Empowerment, in relation to NCDs, with Danish health authorities, the Careum Foundation Switzerland and the Expert Patient Programme, United Kingdom. In addition, the Regional Office provided information useful in policy-making, including a report on tools for intersectoral action on tobacco and nutrition in south-eastern Europe *(52)*.

52. Further, the Regional Office put together a package of supporting documents on the use of fiscal policies to prevent NCDs; it was used in a training seminar in Lithuania in September 2012 for health decision-makers from Albania, Bulgaria, Croatia, Estonia, Hungary, Lithuania, Poland, Slovakia and Ukraine. The Regional Office organized the seminar with the Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) network, the University of Alberta, Canada and the Lithuanian University of Health Sciences. Finally, it prepared to hold a ministerial conference on the prevention and control of NCDs, in Ashgabat, Turkmenistan in December 2013.

Promoting healthy behaviour

Harmful alcohol use

53. To support action to reduce the harmful use of alcohol, the WHO Regional Office for Europe developed indicators and a checklist of action for policy-makers *(53)*, and helped Member States – such as Belarus, Montenegro, Republic of Moldova, the former Yugoslav Republic of Macedonia, and the Nordic and Baltic countries – update their alcohol policies, exchange ideas and take action. Working closely with the EC on monitoring alcohol use, the Regional Office published a popular new book in March 2012: *Alcohol in the European Union. Consumption, harm and policy approaches (54)*. In 2013 it issued Russian translations of major publications *(53,55)*. With the health authorities in Poland and Turkey, the Regional Office held meetings of its national focal points for alcohol policy in 2012 and 2013, respectively, enabling them to exchange best practices and review new developments *(56,57)*. It surveyed consumption, harm and policy responses in all 53 Member States and published the results for 35 countries *(58)*.

Tobacco control

54. The Regional Office supported ratification and implementation of the WHO Framework Convention on Tobacco Control (FCTC). It welcomed the ratification of FCTC by the Czech Republic and Uzbekistan in 2012 and Tajikistan in 2013, which made the European Region the WHO region with the highest number of Parties *(59)*, and a number of country initiatives. For example, Bulgaria, Hungary and Ukraine banned smoking in public places; France, Kazakhstan and the Russian Federation used pictorial health warnings on tobacco packaging; the Republic of Moldova adopted a strong five-year national action plan for tobacco control; Turkey celebrated a 4% decline in adult smoking prevalence between 2008 and 2012; Ukraine banned the advertising and promotion of tobacco products; and Uzbekistan strengthened its smoke-free legislation.

55. Supported by Switzerland, the Regional Office launched a new database on tobacco control legislation in the European Region that shows gaps and allows comparisons between countries *(60)*. The WHO Regional Director for Europe and the WHO Director-General pledged technical and political support to the proposed EU directive on tobacco products, and the Regional Office expressed its support by hosting a high-level meeting at the European Parliament on 30 May 2013 as part of celebrations of World No Tobacco Day.

56. The themes for World No Tobacco Day 2012 and 2013 were the tobacco industry's interference in control efforts and banning tobacco advertising, promotion and sponsorship, respectively *(61)*. As part of the celebrations, WHO gave awards to the prime ministers of Hungary and Kazakhstan, the Minister of Health of the Republic of Moldova and members of the parliaments of Ukraine and the United Kingdom, recognizing their strong commitment and whole-of-government approach to tobacco control.

Nutrition and physical activity

57. In March 2013 the WHO Regional Office for Europe held a meeting of nutrition focal points from 45 European Member States in Tel Aviv, Israel; the participants:

- reviewed their countries' progress in improving nutrition and physical activity, and implementing the European Charter on Counteracting Obesity and the European Action Plan for Food and Nutrition Policy 2007–2012 *(62,63)*;
- discussed the development of a new generation of policies on nutrition, physical activity and obesity prevention in Europe, which could be the basis of a third food and nutrition action plan for the Region; and
- discussed building capacity for surveillance, monitoring and policy development in nutrition, physical activity and obesity, which would help to implement Health 2020 and the NCD Action Plan *(48)*.

58. This was part of the preparations for the WHO European Ministerial Conference on Nutrition and Noncommunicable Diseases in the Context of Health 2020 (in Vienna, Austria in July 2013), to enable ministers, experts and representatives of civil-society organizations to discuss coordinated action and cost-effective strategies on diet and physical activity in relation to NCDs and Health 2020 *(64)*.

59. In April 2013, the WHO Regional Office for Europe focused on hypertension in celebrating World Health Day *(65)*. The wide range of activities conducted by Member States included those focused on prevention (in Croatia, Georgia, Kyrgyzstan, the Republic of Moldova and Uzbekistan), particularly through the reduction of dietary salt intake (in Estonia, Hungary, Montenegro and Turkey).

Mental health

60. In 2012–2013 the Regional Office drafted a European mental health action plan, informed by the global plan to be submitted to the 2013 World Health Assembly. The European plan, to be submitted to the 2013 Regional Committee, focused on care services and the promotion of mental health (by tackling stigma and emphasizing the importance of a human-rights-based approach) and would be linked with Health 2020 *(5,8)*.

61. The Regional Office supported the development and implementation of community-based services for people with mental health problems and intellectual disabilities in Turkey, co-funded by an EU grant. It has supported the drafting of policies and delivery of services in countries including Azerbaijan, Georgia, Kyrgyzstan, the Republic of Moldova and Tajikistan.

Violence and injury prevention

62. The Regional Office's work to improve road safety, particularly for vulnerable road users such as children and elderly people, included surveying measures taken by 51 countries *(66)* and taking part in campaigns such as the Second United Nations Global Road Safety Week in May 2013, which focused on pedestrian safety. In addition, the Regional Office surveyed maltreatment and other adverse experiences in childhood and held policy dialogues on them in several countries.

Promoting health throughout the life-course

Maternal, child and adolescent health and well-being

63. The Regional Office's efforts to improve maternal, child and adolescent health and well-being include a life-course approach with a focus on disease prevention, health promotion and the quality of care. For example, it organized a regional meeting to improve access to reproductive health services, including safe abortion, in Riga, Latvia in May 2012. Co-hosted by the International Planned Parenthood Federation European Network, a long-term partner, the meeting brought together 100 participants from more than 30 countries and 15 international organizations.

64. In 2012, the Regional Office started managing a three-year project to improve the quality of care in first-level paediatric hospitals in central Asia; the aim is to strengthen national health systems' capacity to reduce deaths from common childhood illnesses, and thus contribute to the achievement of MDG 4.The project has made in-depth assessments of care, updated national guidelines and built the capacity of national and district health staff to use evidence-based standards and quality-improvement approaches.

65. The Regional Office also took part – with technical experts and representatives if United Nations agencies (including UNFPA), governments and nongovernmental organizations from all six WHO regions – in global efforts to reduce the harm to health resulting from child marriage, which occurs in some eastern countries in the Region *(67,68)*. In December 2012, the Regional Office and the UNFPA Eastern Europe and Central Asia Regional Office agreed to further strengthen their technical, strategic and policy collaboration, which would include cooperation on the post-2015 development agenda *(69)*.

66. In addition, the Regional Office published the latest international report of the Health Behaviour in School-aged Children (HBSC) study in English and Russian, which provides a systematic statistical base for describing cross-national patterns in young people's health and well-being *(70,71)*. Decision-makers throughout the Region warmly welcomed it.

Healthy ageing

67. The centrepiece of the Regional Office's work for healthy ageing was the development of the strategy and action plan for healthy ageing in Europe, which the WHO Regional Committee for Europe adopted in 2012 *(5,72)*. With clear links to Health 2020, it contained four strategic priority areas for action: healthy ageing over the life-course, supportive environments, people-centred health and long-term care systems fit for ageing populations, and strengthening the evidence base and research. The drafting process, in which representatives of the EC participated, included work to ensure that the strategy and action plan complemented measures taken by other partners in Europe, such as OECD and the United Nations Economic Council for Europe (UNECE).

68. In addition, the Regional Office organized and contributed to a series of events across the European Region to celebrate World Health Day 2012, whose theme was "Active ageing" *(73)*. These included a regional launch, with officials from Denmark and Italy *(74)*. Partners in such work included the EU, which designated 2012 as the European Year for Active Ageing and Solidarity between Generations.

4. Communicable diseases

69. In its work on communicable diseases, the WHO Regional Office for Europe focused on unfinished business: implementing action plans on three problems placing a significant burden on public health in the Europe; pursuing or maintaining the eradication of malaria, polio and measles/rubella; and fighting vaccine-preventable infections by promoting immunization. It also started to address new business: the threat of re-emerging vector-borne disease.

Implementing action plans

70. Once the 2011 Regional Committee adopted action plans on multidrug- and extensively drug-resistant TB (M/XDR-TB), HIV/AIDS and antibiotic resistance *(75–77)*, the Regional Office and its partners started their implementation. In deepening partnership with the EU, the Regional Office held live Twitter chats with the European Centre for Disease Prevention and Control (ECDC) to mark World TB Day, World AIDs Day and European Antibiotic Awareness Day, as well as issuing the annual joint reports on TB and AIDS surveillance in Europe *(78,79)*.

71. Working closely with the Global Fund to Fight AIDS, Tuberculosis and Malaria, EC and ECDC, the Regional Office reviewed national programmes on TB and M/XDR-TB in, for example, Azerbaijan, Belarus, Hungary, Kazakhstan, Latvia, the Republic of Moldova, Slovakia and Ukraine. With partners such as the Green Light Committee, the Regional Office supported countries such as Belarus, Portugal, Tajikistan, Turkmenistan and Uzbekistan in taking action to improve care and other services, and helped countries such as Armenia, Belarus, Switzerland, Turkmenistan and Ukraine make or update policies and action plans in line with the European action plan. The Regional Office hosted a "Faces of Tuberculosis" photo exhibition at the European Parliament for World TB Day in March 2013; in return, 14 members of the European Parliament, from 6 political groups and 10 countries, launched a written declaration to the European Region in the Parliament in April, calling on the EC to support the Regional Office's roadmap and action plan on M/XDR-TB *(75)*.

72. In response to the rising number of people living with HIV, the European Action Plan for HIV/AIDS *(73)* was implemented at full speed, offering a framework for urgent action and accelerating effective responses by strengthening health systems. In 2012–2013, the Regional Office provided useful information, such as revised care protocols and profiles of the situation

in countries *(80,81)*. With a range of partners, including ECDC and the United Nations Office on Drugs and Crime (UNODC), it supported work to improve care services, particularly those for injecting drug users with HIV, in countries such as Belarus, Greece, Portugal, Tajikistan and Ukraine.

73. The Regional Office implemented the European strategic action plan on antibiotic resistance *(77)* with Member States and a broad coalition of other partners. Initial work in 2012 focused on surveillance; it included a workshop on collecting data on antimicrobial use for experts from over a dozen southern and eastern European countries, organized in cooperation with Antwerp University, Belgium; the Netherlands Institute for Health Services Research (NIVEL) and ECDC; and an agreement with RIVM and the European Society of Clinical Microbiology and Infectious Diseases (ESCMID) to expand surveillance of antimicrobial resistance to cover all countries in the WHO European Region. The new Central Asia and European Surveillance of Antimicrobial Resistance (CAESAR) network is a key component of the action plan *(77)*. Similarly, the Regional Office worked with ECDC to expand European Antibiotic Awareness Day 2012 from the EU to the whole European Region. The Patron of the Regional Office, Crown Princess Mary of Denmark, made a statement to mark the Day, as well as addressing a conference on antimicrobial resistance held by Denmark during its EU Presidency. Of the 29 Member States with country offices, 20 developed action plans on intersectoral coordination; intercountry workshops were held on the rational use of antibiotics, and the Regional Office gave training on infection prevention and control in Estonia in May 2013.

Eliminating diseases

74. In 2012–2013, the WHO Regional Office for Europe supported the maintenance of Europe's polio-free status, the continued progress against malaria and the struggle against measles and rubella.

75. Meeting in June 2012, the European Regional Certification Commission for Poliomyelitis Eradication (RCC) confirmed that the European Region remained polio free, but urged Member States to maintain high immunization coverage and effective surveillance until global eradication is achieved *(82)*. This was the prelude to the Regional Office's celebration of the tenth anniversary of the European Region's certification as polio free, on 21 June. The Regional Office used World Polio Day, in October 2012, to urge countries to maintain their momentum on immunization against this crippling and potentially deadly disease. In May 2013, the subsequent RCC reaffirmed the Region's polio-free status and identified some areas at higher risk should wild poliovirus be introduced. The Regional Office regularly published information from acute flaccid paralysis surveillance, along with epidemiological data on measles and rubella *(83)*.

76. The Region continued its progress towards eliminating malaria by 2015. Only five countries reported malaria cases: Azerbaijan, Georgia, Tajikistan, Turkey and (with a small outbreak in 2011) Greece. WHO certified Kazakhstan malaria free in 2012. Through World Malaria Day 2012 and with partners including the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Bill and Melinda Gates Foundation and the Russian Federation, the Regional Office supported Armenia and Turkmenistan in working to maintain their malaria-free status and Tajikistan striving to attain it. The Regional Office held a meeting to synchronize elimination activities in Tajikistan and Afghanistan in May 2012. After malaria cases increased in 2012 (253 cases were reported in the 5 affected countries) the Regional Office called on affected countries to sustain malaria interventions, even in times of economic austerity, on World Malaria Day 2013.

77. In work on both polio and malaria, the Russian Federation and Turkey provided valuable financial and technical support, and the Regional Office worked closely with the WHO Eastern Mediterranean Region.

78. Unfortunately, large outbreaks of measles and rubella imperilled the Region's goal of eliminating measles and rubella by 2015; surveillance by the Regional Office and ECDC revealed that, although measles cases declined in 2012, rubella cases increased steeply, and outbreaks of both diseases continued in various countries *(83,84)*. The Regional Office supported countries' work to reach susceptible populations, and provide strong political support and sustained funding for immunization programmes. For example, it developed an innovative toolkit, pilot-tested in Bulgaria and then published in connection with European Immunization Week 2013 *(85)*, to help countries understand what influences vaccination among at-risk and vulnerable groups. It also sought to strengthen laboratory surveillance, for example, by holding a joint meeting for the national and subnational reference laboratories in the Russian Federation and other newly independent states (NIS) in March 2012, with the support of the Institute of Immunology of Luxembourg.

79. The Regional Office also began to document progress towards eradication by developing a framework for the verification process and convening independent experts to serve on the European Regional Verification Commission for Measles and Rubella Elimination (RVC). RVC accepted the framework at its first meeting in January 2012, and urged countries to form their own national verification commissions and use a standard template for heir reports. With ECDC, the Regional Office supported this process by holding meetings of the RVC with commissions and focal points from groups of countries: 12 NIS (October 2012, in Uzbekistan), 16 northern and western countries (January 2013, Denmark) and central and south-eastern countries (February 2013, Bulgaria).

Promoting immunization

80. The WHO Regional Office for Europe promotes immunization, the most effective instrument against vaccine-preventable diseases, particularly through European Immunization Week *(86)*, held in April each year. The 2012 and 2013 editions of the Week were the most successful yet, taking place as part of World Immunization Week and involving all 53 countries in the European Region, which conducted national and local initiatives to raise awareness and increase vaccination uptake.

81. To help countries, health systems and service providers to be strong advocates for immunization, the Regional Office provided key messages for each Week, and resources such as the online Immunization Resource Centre for health workers, a guide to tailoring immunization programmes and a generic app code that countries could tailor quickly and cheaply into a simple telephone-based tool to remind parents when their children's vaccinations are due *(85,87)*. The Regional Office, countries and partners – such as the GAVI Alliance, the Bill & Melinda Gates Foundation, the Measles & Rubella Initiative, Shot@Life, ECDC, UNICEF and the European Confederation of Primary Care Paediatricians – worked hard to spread the message, writing articles, producing videos, using social media such as Twitter and carrying out a wide range of other activities. Princess Mathilde of Belgium, WHO's Special Representative for Immunization, stressed the vital role played by front-line health workers in national immunization programmes in 2012, and Crown Princess Mary of Denmark continued her support for the initiative by making statements in both 2012 and 2013. In both years, the Week received tremendous media coverage, sending the message on the importance of immunization throughout the Region.

Re-emerging vector-borne and parasitic diseases

82. Vector-borne and parasitic diseases arouse increasing concern in the European Region. Mosquito vector activity is a growing problem, driven mostly by the globalization of travel and trade, urbanization and climate change. In cooperation with WHO headquarters, ECDC, the European Mosquito Control Association (EMCA) and Member States, the Regional Office developed a regional framework for action in this area, for submission to the 2013 Regional Committee. It lists essential actions for countries that face problems related to invasive mosquito vectors, including dengue and chikungunya fever, and provides a platform to facilitate interaction between countries, including across borders *(8)*. In addition, the Regional Office worked to raise awareness, with ECDC, EMCA and the European Network for Arthropod Vector Surveillance for Human Public Health (VBORNET).

83. WHO also worked to map the extent of leishmaniasis in Europe, holding a subregional meeting on leishmaniasis control in Georgia, in April 2013, and to help countries secure supplies of deworming tablets to protect children against soil-transmitted helminthiases.

5. Preparedness, surveillance and response

84. In line with its role as a leader in humanitarian and public health emergencies, the WHO Regional Office for Europe worked to help countries prepare for and cope with emergencies and health crises, in close collaboration with WHO headquarters and the EC and its institutions.

Preparedness for emergencies and disasters

85. Under the International Health Regulations (IHR) *(88)*, the European Region has a well-established system, including an active network of national focal points, for vigorous monitoring of events that may threaten public health. In 2012–2013, for example, WHO monitored imported and secondary cases of Middle East respiratory syndrome coronavirus (MERS-CoV) in France, Germany, Italy and the United Kingdom; strengthened surveillance for possible human infections with the avian influenza A(H7N9) virus that emerged in China, and closely followed a dengue outbreak in Portugal. The Regional Office supported countries in implementing the IHR through training to build core capacities, for example, in ship sanitation inspectors in Estonia, with the National Health Board of Estonia; and in Balkan countries, in collaboration with the Health Protection Agency (HPA) of the United Kingdom. In February 2013, with support form the EC, Germany, the United Kingdom and WHO headquarters, the Regional Office held a meeting in Luxembourg, at which national focal points from 50 European States Parties took stock of the implementation process five years after the IHR's entry into force, called for this process to include action by a range of sectors and partners, and asked WHO to assist countries in testing existing mechanisms.

86. The Regional Office intensified its support to Member States in strengthening their capacities to prepare for and respond to emergencies. In 2012, it continued its assessments of health systems' preparedness *(89)*, and published a two-part toolkit for assessing capacity for crisis management, the results of a joint project supported by the EC *(90,91)*. It analysed hospital vulnerability in countries such as Montenegro, and supported the development and implementation of action plans for improvement. The Regional Office also supported projects to increase hospital preparedness and resilience in the Republic of Moldova, Tajikistan and the former Yugoslav Republic of Macedonia, and conducted training workshops in Israel to build capacity in public health and emergency management in countries including Albania,

Azerbaijan, the Czech Republic, Georgia, Kyrgyzstan, Poland, the Republic of Moldova and Ukraine.

87. Further, the Regional Office revised its emergency procedures and tested them in exercises, and made the emergency operations centre at its new premises fully operational, as the new global WHO Emergency Response Framework *(92)* foresees a greater role for regional and country offices.

Mass gatherings

88. Work with partners and with national authorities to anticipate and prepare for the health needs associated with mass gatherings in the Region was an evolving priority *(93)*. With governments, ECDC and WHO headquarters, the Regional Office established an enhanced monitoring system in this new area for use during the European football championship, hosted by Poland and Ukraine, and the Olympic and Paralympic Games, hosted by the United Kingdom in 2012. The Regional Office and HPA cooperated to provide health advice to physicians for teams taking part in these events, as well as producing guidance for travellers.

89. This work can not only prevent health problems at mass gatherings but also leave a valuable legacy: a sustainable positive impact on public health systems and a contribution to implementing the IHR *(88)*. With WHO headquarters, ECDC and WHO collaborating centres in Serbia and the United Kingdom, the Regional Office used the lessons learned in 2012 to help build capacity in managing the risks of communicable disease during mass gatherings in Slovenia, which would host the European basketball championship in September 2013.

Responses to emergencies and disasters

90. In addition to tracking large numbers of emergencies in the European Region, the Regional Office helped countries respond to several major public health emergencies and disasters in 2012–2013 through various missions and investigations *(31,94)*. For example, Regional Office staff visited Krymsk, in the southern part of the Russian Federation, to offer WHO's assistance in recovery from floods in July 2012, and – with representatives of the Office of the United Nations High Commissioner for Refugees (UNHCR), UNICEF, UNFPA and IOM – formed part of a joint United Nations health mission visiting four camps in Turkey for refugees from the conflict in the Syrian Arab Republic in December. Supported by the Turkish health and other authorities, the mission commended the Turkish Government's extensive efforts and began to develop possible options for joint projects to support them.

6. European environment and health process

91. In 2012–2013, the Regional Office scaled up its technical work on environment and health to achieve the commitments in the Parma Declaration *(95)*, and the European Environment and Health Ministerial Board led the European environment and health process with a stronger mandate for intersectoral governance *(96)*.

Governance

92. At its third meeting, in Azerbaijan in November 2012, the Board agreed that an environment and health gateway, an online knowledge repository and information portal, would be developed to provide countries with resources to take action on environment and health priorities. The Board continued work to determine key priorities in the European environment

and health process until 2016, in the context of Health 2020 and the sustainable-development agenda of Rio+20 (the United Nations Conference on Sustainable Development); and agreed on the structure of its reports to WHO and UNECE *(97)*. At its fourth meeting, in Serbia in April 2013, the Board completed its reports to the WHO Regional Committee for Europe and the UNECE Committee on Environmental Policy, analysing the main experiences of its first three years, and called for the scaling up of work on air quality and the elimination of asbestos-related diseases, and the implementation of multilateral environmental agreements relevant to health, encouraging Member States to sign and ratify those to which they had not already acceded.

93. Meeting in the Netherlands in June 2012, the European Environment and Health Task Force agreed to monitor progress towards the Parma targets *(98)*.

Technical work

94. An agreement with the German Government, signed in February 2012, enabled the Regional Office to consolidate its environment and health programmes in Bonn. Technical work addressed a wide range of topics, such as implementing the WHO global plan of action for workers' health *(99)* through the European network for workers' health, with the International Labour Organization (ILO) and the EU as main partners; it held a meeting of the network in Germany in October 2012. To support the elimination of asbestos-related diseases, the Regional Office held a meeting in Bonn, Germany in November 2012 to help European countries quantify the human and financial burden of these diseases by using a WHO–ILO outline to prepare national profiles. The activities to address the impact of climate change on health included:

- completing and disseminating the results of a project to strengthen health systems' capacity to respond to the health effects of climate change in seven countries: Albania, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, the former Yugoslav Republic of Macedonia and Uzbekistan;
- reviewing the evidence of health effects of flooding in the WHO European Region *(100)*;
- contributing the results of the Regional Office project on climate, environment and health action plan and information system (CEHAPIS) to underpin the health component of the new EU policy on climate change *(101)*; and
- reviewing new evidence of the health impact of air quality, with funding from the EC, indicating the need to revise the WHO air quality guidelines and policies in Member States *(102–104)*.

95. Further, WHO-led networks were established in the European Region on chemical safety and economics, environment and health.

96. Finally, the British Medical Association highly commended a Regional Office publication quantifying the burden of disease from environmental noise *(105)* in its 2012 Medical Book Competition.

7. Governance, partnerships and communication

97. As this report shows, the WHO Regional Office for Europe has done all its work in 2012–2013 with Member States and partners, and as part of one WHO. To increase its effectiveness, it continued to seek sustainable funding, deepen and extend its partnerships, and strengthen its communications. (In April 2013, the Regional Office moved its head office in Copenhagen to

the new UN City, housing all the United Nations agencies in Denmark, from the premises it had occupied since 1957, remaining operational throughout the process *(106)*).

Stronger governance in line with WHO reform

98. The Regional Office continued work to strengthen governance in line with WHO reform, in which it participated fully. To provide input from the European Region to the January 2013 meeting of the WHO Executive Board and its Programme, Budget and Administration Committee (PBAC), the Regional Office opened a full day of the 2012 Regional Committee session to discussion of:

- the Twelfth General Programme of Work for 2014–2019 (GPW) and the proposed programme budget for 2014–2015 *(107,108)*, which were intended to set WHO's priorities and clarify the responsibilities of its global, regional and country offices, and the Regional Office's perspective on the budget *(109)*; and
- measures to improve the predictability, flexibility and sustainability of WHO's financing.

99. Seizing this opportunity, the Regional Committee welcomed the GPW and budget documents, but asked for further clarification of WHO's strategic direction, detailed information on costs and budget allocation between priorities, greater transparency about the resources available and greater clarity about the division of labour between WHO's three levels *(5)*. In addition, representatives suggested two changes to WHO's current practices to ensure that priority work was properly funded:

- to fill gaps by allocating assessed contributions and funds from the core voluntary contributions account after earmarked voluntary contributions had been determined; and
- to bring the implementation of budgets approved by the World Health Assembly closer to the date of adoption by changing the start of WHO's financial year *(5)*.

100. With guidance from the Regional Committee and SCRC, the Regional Office pursued both WHO reform and greater coherence and better governance in its own work. For example, staff participated in the 2013 Executive Board session, and a workshop organized alongside it by the German Federal Ministry of Health and the German Permanent Missions in Geneva that explained and endorsed the benefits of decentralization in WHO *(110)*. The Regional Director took part in meetings of the Global Policy Group (GPG) and co-chaired the WHO task force on resource mobilization and management; in addition, a ten-day Regional-Office-wide retreat was held, with the participation of the heads of the Region's 29 country offices, to discuss regional coherence, particularly in implementing Health 2020. To prepare for the final discussion of the GPW and programme budget by the 2013 World Health Assembly, the Regional Office consulted Member States in April to discuss the draft appropriation resolution and the financial rules and regulations *(8)*.

101. The Regional Office also continued its work to ensure full participation of all Member States and greater transparency. In addition to measure begun in 2010–2011 *(4)*, it encouraged the SCRC working group on governance, which addressed such issues as SCRC membership, timely proposal of amendments to proposed Regional Committee resolutions and screening of credentials for Regional Committee sessions.

102. A new body, the European Health Policy Forum of High-level Government Officials, played a crucial role in the development of Health 2020 *(25)*. After securing Member States' views on it through a written consultation and discussion at the 2012 Regional Committee, the Regional Office kept open the option of inviting the European governing bodies to convene another Forum in the future *(5)*.

Financial overview

103. Facing reduced resources in 2012–2013, the Regional Office devised and implemented an austerity plan while pursuing ways to mobilize more resources and secure a larger share of the WHO budget *(5,8)*. Annex 1 shows the Regional Office's progress in implementing the programme budget, assessed as of 31 December 2012.

104. The high implementation rate for 2010–2011 (over 90%) meant that the Regional Office started 2012–2013 with a significantly reduced carry-forward. In addition to reduced resources overall, other challenges included resource mobilization, as voluntary contributions comprise a large share of the Regional Office's resources, and the distribution of resources within WHO. The WHO Director-General set up task forces to address both issues, with that on the former co-chaired by the Regional Director, as mentioned. Further problems included the uneven distribution of funds among strategic objectives, funding arrangements in some areas that did not allow for the bridging of salary gaps, and increased staff costs, despite reductions in staff numbers.

105. To reach sustainability in 2014–2015, the Regional Office took measures to lower staff costs by reducing recruitment, while trying to preserve technical capacity. In particular, it sought to reduce the costs of administrative staff without overburdening technical staff. The Regional Office developed a new donor proposal agreement mechanism, which aimed to improve the quality of resources and match them to the priorities approved by Member States. In the short term, it also took measures to save money (by reducing travel costs and spending on consultant services) that would not affect its delivery of its commitments to Member States.

Deepening partnerships

106. This report clearly shows the range and depth of the Regional Office's work with partners such as other United Nations agencies; global health partnerships, particularly the Global Fund and GAVI Alliance; subregional networks such as the Eurasian Economic Community; and civil-society organizations. In addition to the examples given of work with OECD, the WHO Regional Director for Europe and the Deputy Secretary-General of OECD signed a plan for joint action at the 2012 Regional Committee *(5)*.

107. In particular, the Regional Office strengthened its cooperation with the EU and its institutions, including the European Parliament, making major progress in implementing the joint roadmaps agreed with the EC and working closely with ECDC, with which it has joint annual workplans and common guiding principles of collaboration *(4)*. The Regional Office and the European Food Safety Authority (EFSA) agreed to intensify their collaboration, already strong in food safety and antimicrobial resistance related to it, zoonoses and nutrition *(111)*. It continued work with the European Environment Agency (EEA) in such areas as water safety, and with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) on health in prisons. In addition, the Regional Office carried out its responsibility for leading relations with the EU and its institutions for all of WHO *(112)*. Finally, the Regional Office continued support to the health priorities of countries holding the EU Presidency, described above.

Intensified collaboration with Member States

108. The Regional Office presented an interim strategy on work with countries, drafted with the active participation of Member States and the SCRC and aligned with WHO reform, to the 2012 Regional Committee *(113)*. It set out a number of ways in which the Regional Office could have a country presence without a country office, to ensure regular contact with all Member States, and proposed the establishment of country cooperation strategies (CCSs) for

every Member State in the Region. The Regional Committee agreed on the value of the CCS as a flexible tool for cooperation between WHO and interested Member States and called for the presentation of a final strategy on work with countries in 2014 *(5)*. In the meantime, the Regional Office started developing CCSs, signing the first with Switzerland in May 2013 *(114)*.

109. Seeking to address the needs of all 53 Member States, the Regional Office also reinforced the structure of its country presence, as well as continuing to implement the biennial collaborative agreements made with countries and welcoming the official visits of ministers from a large number of countries.

Strategic communications

110. In 2012–2013, publishing remained the primary means through which the WHO Regional Office for Europe spread its messages to and beyond the European Region, and its web site the primary platform for this work *(7)*. Up to 10 times as many readers accessed the most popular publications online as in printed copies *(115)*, and the web site was essential to the sharing of data and evidence through, for example, the Regional Office's most popular data source, the European Health for All database *(47,116)*. The web site attracted significantly more traffic in 2013 than before, especially during key events such as World Health Day and the release of the European health report *(6,65,74)*.

111. The Regional Office continued showcasing the work done with Member States and other partners, building on its networks and reaching broader audiences by using new, innovative communication methods, including social media such as Facebook and Twitter, along with traditional information and events for the mass media *(117)*. To facilitate its work and promote a positive working environment, the Regional Office began developing a comprehensive internal communications strategy, optimizing the use of the intranet as a key platform and increasing information sharing and interaction between all WHO offices in the Region.

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Annex 1. Programme budget 2012–2013: overview of technical implementation at mid-term

The assessment of the programme-budget implementation evaluates the Secretariat's contribution to the achievement of the Organization-wide expected results (OWERs) and of performance indicators by Member States, according to each of WHO's 13 strategic objectives (SOs). The assessment is an integral part of WHO's results-based management and its commitment to accountability in the use of resources as a measure for improving its performance.

This annex presents the results of the mid-term assessment of the implementation of the programme budget for 2012–2013, conducted by the WHO Regional Office for Europe as at 31 December 2012 as part of the global exercise. It is a bottom-up self-assessment, where individual programmes, at both country and regional levels, examine their progress towards achieving the expected results and provide an overview of major successes, risks and issues in countries and the work of the Secretariat. In addition, the mid-term review focuses on lessons learned and action required to stimulate progress. It coincides with the continuing, comprehensive programmatic, managerial, and administrative reform of WHO, so gives lessons that can inform the reform process.

The illustrations below reflect this progress by describing it as: on track (progress has been as foreseen and is unlikely to alter significantly during the rest of the biennium), at risk (affected by impediments and risks, for which corrective action is required) or in trouble (seriously hampered, so the result is unlikely to be achieved). Table 1 gives an overview of the Regional Office's progress in attaining OWERs, which are assessed primarily on the basis of the progress in achieving indicators. Fig. 1 summarizes progress in attaining Office-specific expected results (OWERs) by strategic objective. Tables 1 and 2 show that 5 OWERs were assessed as at risk and 6% of OSERs were assessed to be at risk or in trouble. The main reasons for the expected results falling short of expectations include lack of or inadequate allocation of financial resources, which in some cases led to shortage of technical staff to support delivery, as well as capacity constraints in some Member States.

Further information is available in Financial situation of the WHO Regional Office for Europe (document EUR/RC63/Inf.Doc./4).

Table 1. Progress towards achieving OWERs by SO, WHO Regional Office for Europe, December 2012

SO		OWERs			
		On track	At risk	In trouble	Total
1	Communicable diseases	8	1	0	9
2	HIV/AIDS, tuberculosis and malaria	6	0	0	6
3	Chronic noncommunicable conditions	6	0	0	6
4	Child, adolescent, maternal, sexual and reproductive health, and ageing	7	1	0	8

SO		OWERs			
		On track	At risk	In trouble	Total
5	Emergencies and disasters	2	0	0	2
6	Risk factors for health	5	1	0	6
7	Social and economic determinants of health	4	1	0	5
8	Healthier environment	6	0	0	6
9	Nutrition and food safety	6	0	0	6
10	Health systems and services	13	0	0	13
11	Medical products and technologies	3	0	0	3
12	WHO leadership, governance and partnerships	4	0	0	4
13	Enabling and support functions	5	1	0	6
Total		**75**	**5**	**0**	**80**

Fig. 1. Progress towards achieving OWERs by SO, WHO Regional Office for Europe, December 2012

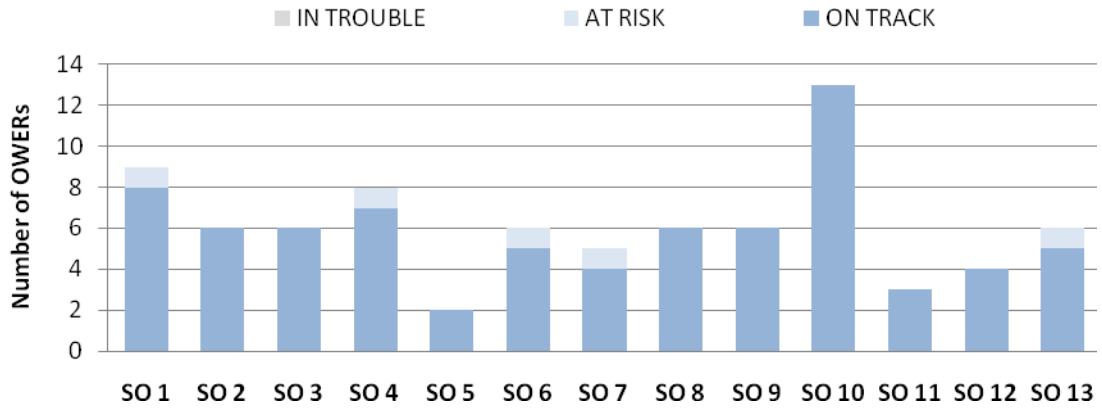

Table 2. Progress towards achieving OSERs by SO, WHO Regional Office for Europe, December 2012

SO		OSERs (total number)	OSERs (%)				
			Reported	Not reported	On track	At risk	In trouble
1	Communicable diseases	123	93	7	98	2	0
2	HIV/AIDS, tuberculosis and malaria	89	100	0	97	0	3
3	Chronic noncommunicable conditions	103	100	0	97	3	0
4	Child, adolescent, maternal, sexual and reproductive health, and ageing	43	98	2	93	7	0
5	Emergencies and disasters	29	100	0	100	0	0
6	Risk factors for health	97	99	1	96	1	3
7	Social and economic determinants of health	78	97	3	86	4	11
8	Healthier environment	48	94	6	96	4	0
9	Nutrition and food safety	23	96	4	100	0	0
10	Health systems and services	222	85	15	87	13	1
11	Medical products and technologies	41	100	0	95	2	2
12	WHO leadership, governance and partnerships	44	89	11	100	0	0
13	Enabling and support functions	42	83	17	100	0	0
Total		**982**	**94**	**6**	**94**	**4**	**2**

Fig. 2. Progress towards achieving OSERs by SO, WHO Regional Office for Europe, December 2012