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Overview of the work of the geographically dispersed offices in the biennium 2018–2019

This document provides information on the work of the geographically dispersed offices in the WHO European Region in the biennium 2018–2019, additional to that provided in document EUR/RC69/16 Rev.2. It contains a completed template for each of the geographically dispersed offices.

The GDOs are as follows: the WHO European Centre for Environment and Health, Bonn, Germany; the WHO European Office for Investment for Health and Development, Venice, Italy; the WHO European Centre for Primary Health Care, Almaty, Kazakhstan; the WHO European Office for the Prevention and Control of Noncommunicable Diseases, Moscow, Russian Federation. The WHO Barcelona Office for Health Systems Strengthening, Spain, does not have the same status as the other GDOs given the absence of an agreed legal framework for WHO's presence in Spain. However, there is renewed commitment by Spain and WHO to find a resolution to this longstanding issue and negotiations are currently in process with the involvement of the Director-General's Office.

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1. Geographically dispersed offices

WHO European Centre for Environment and Health, Bonn, Germany

IDENTIFIER	
Name	WHO European Centre for Environment and Health
City/country	Bonn/Germany
Date of establishment	The WHO European Centre for Environment and Health was established in 1989, following a decision taken at the First Ministerial Conference on Environment and Health, held in Frankfurt, Germany, in the same year. Initially, the Centre was located in Rome (Italy), Bilthoven (the Netherlands) and Nancy (France). The Bonn Office opened on 8 March 2001, following the closure of the Bilthoven Office. The agreement with Germany was renegotiated and extended in 2012, when all environment and health technical work was consolidated in Bonn.
Head of Office	Francesca Racioppi
Reporting line	Director, Division of Policy and Governance for Health and Well-being (PCR), WHO Regional Office for Europe
Headquarters (HQ) technical counterpart (as per new organigram)	Healthy Populations/Climate Change, Health and Environment (Director: Dr Maria Neira)

OVERALL TECHNICAL AREA	
Thematic focus/link to the Sustainable Development Goals (SDGs)	Climate Change, Health and Environment
Thematic focus:	<ul style="list-style-type: none"> The geographically dispersed office (GDO) is the organizational home for all the technical work of the Regional Office on environment and health, within PCR. The Head of Office coordinates the Secretariat of the WHO European Environment and Health Process. The GDO leads WHO's technical work in relation to the update of global air quality guidelines, environmental noise guidelines, and standard operating procedures for mercury biomonitoring. In its normative capacity, it works closely with WHO HQ.
1. Climate Change, Health and Environment	
2. Normative work on environment and health	

<p>3. Environment and health emergencies</p> <p>4. Capacity building in environment and health through training programmes</p>	<ul style="list-style-type: none"> The GDO works closely with the Division of Health Emergencies and Communicable Diseases within the framework of the International Health Regulations (2005) to provide technical support in relation to emergencies related to environment and health, including both natural events and events resulting from human activities (e.g. industrial accidents, chemical emergencies). The GDO develops and delivers a range of WHO training courses on environment and health, including on health impact assessment, and on air quality and health, to strengthen the capacities of Member States to address environmental and health challenges.
<p>Relevant SDGs:</p>	<ul style="list-style-type: none"> The work of the GDO contributes to a number of SDGs, including target 3.4 on noncommunicable diseases (NCDs) and mental health; target 3.9 on hazardous chemicals and air, water and soil pollution and contamination; target 4.a on safe and healthy education facilities; SDG 6 on water and sanitation; SDG 10 on reducing inequalities; SDG 11 on sustainable cities and communities; SDG 12 on responsible production and consumption; and SDG 13 on climate action. In particular, by implementing the Ostrava Declaration on Environment and Health (2017), as explained in document EUR/RC67/15 (Improving environment and health in the context of Health 2020 and the 2030 Agenda for Sustainable Development: outcomes of the Sixth Ministerial Conference on Environment and Health) the GDO supports Member States in implementing the environment and health-related SDGs and targets.
<p>Link to the Thirteenth General Programme of Work, 2019–2023 (GPW 13), and contribution to regional/global goods</p> <p>Alignment with GPW 13: Outcome 3.1. Determinants of health addressed</p>	<ul style="list-style-type: none"> The GDO is the only structure within the Regional Office for the WHO European Region's delivery of output 3.1.2, Countries enabled to address environmental determinants of health, including climate change.

Relevant regional and global goods:	
Output 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages	<ul style="list-style-type: none"> • The GDO develops technical capacities in Member States to address environment and health determinants through training activities addressed to environment and health professionals, practitioners, civil servants and policy-makers.
Output 3.3.1. Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy cities and villages, housing, schools and workplaces	<ul style="list-style-type: none"> • Through its normative work, the GDO provides Member States with evidence-based guidelines, which are used as reference in the development of national laws and standards, as well as of relevant directives and regulations of the European Union.
Output 3.3.2. Global and regional governance mechanisms used to address health determinants and multisectoral risks	<ul style="list-style-type: none"> • The GDO provides secretariat services to the WHO European Environment and Health Process, to the WHO/United Nations Economic Commission (UNECE) Transport, Health and Environment Pan-European Programme, and the WHO/UNECE Protocol on Water and Health, and leads the Task Force on the Health Aspects of Air Pollution of the United Nations Convention on Long-Range Transboundary Air Pollution. The GDO is also engaged in the implementation of other relevant multilateral environmental agreements and programmes.

CURRENT WORK 2018–2019	
Main deliverables	
Secretariat to the European Environment and Health Process	<ul style="list-style-type: none"> • Environment and Health Task Force and Bureau meetings (2018 and 2019). • Meetings of the European Environment and Health Process Working Group on Health in Climate Change (Bonn, June 2018 and September 2019).
Environment and Health Bonn School	<ul style="list-style-type: none"> • Establishment of the Environment and Health Bonn School to support Member States through capacity building for tackling priority areas in environment and health.
Environmental health inequalities	<ul style="list-style-type: none"> • Launch of an assessment report in summer 2019, contributing to Health 2020 and SDG agendas. • Production of country profiles on environmental health inequality performance.

Secretariat to the Protocol on Water and Health	<ul style="list-style-type: none"> • Meeting of the Parties to the Protocol on Water and Health (Belgrade, Serbia, November 2019).
Secretariat to the WHO/UNECE Transport, Health and Environment Pan-European Programme	<ul style="list-style-type: none"> • Working Group on Water and Health (Geneva, Switzerland, April 2019). • Fifth High-level Meeting on Transport, Health and Environment (Vienna, Austria, 22–24 October 2019).
Task Force on the Health Aspects of Air Pollution	<ul style="list-style-type: none"> • Annual Task Force on the Health Aspects of Air Pollution meetings (Bonn, Germany, 16–17 May 2018 and 15–16 May 2019).
Thematic meetings	<ul style="list-style-type: none"> • Heat-health action planning (Bonn, November 2018). • Water, sanitation and hygiene in schools (Bonn, October 2018). • Circular economy and human health (Bonn, November 2018). • Industrially contaminated sites and health (Bonn, January 2019). • Sanitation in the pan-European region (Bonn, February 2019). • Expert consultation on health impact assessment of nitrogen dioxide in the European Region (Bonn, February 2019). • Health in Environmental Impact Assessment (Bonn, March 2019). • Addressing environmental determinants in healthy schools (Bonn, to be confirmed 2019).
Documents/publications	<ul style="list-style-type: none"> • Making THE (Transport, Health and Environment) Link (2018). • Environmental noise guidelines for the European Region (2018). • Circular economy and health (2018). • Promoting walking and cycling: a brief for policy-makers (2019, forthcoming). • SDG fact sheet on climate change and health (2019). • Achieving health benefits from carbon reductions: manual for CaRBonH calculation tool (2018). • Public health and climate change adaptation policies in the European Union (2018). • The integration of health into environmental assessments (2018). • Standard operating procedures for mercury human biomonitoring (2018). • Improving health and education in schools: water, sanitation and hygiene information package for school staff (2019, forthcoming).

	<ul style="list-style-type: none"> • Surveillance of water, sanitation and hygiene in schools: a practical tool (2019, forthcoming). • Technical guidance on water-related infectious disease surveillance and outbreak management associated with drinking water systems (2019, forthcoming). • Risk-based approaches for strengthening drinking water quality surveillance (2019, forthcoming). • Second environmental health inequalities assessment report (2019, forthcoming).
Country collaboration	The GDO undertook 42 bilateral projects/collaborations in 2018. Below are some examples:
Armenia	<ul style="list-style-type: none"> • Capacity building on water-related disease surveillance and outbreak response (Yerevan, June 2018).
Azerbaijan	<ul style="list-style-type: none"> • Capacity building on water-related disease surveillance and outbreak response (Baku, October 2018).
Bosnia and Herzegovina	<ul style="list-style-type: none"> • WHO Training Workshop on Air Quality and Health–Strengthening National Capacities in Assessing Health Risks of Air Pollution (Sarajevo, November 2018); subregional workshop for the western Balkans.
Croatia	<ul style="list-style-type: none"> • Support implementation of the WHO-recommended water safety plan (WSP) approach: WSP capacities in health institutions: training-of-trainers (Zagreb, September 2018).
Czechia	<ul style="list-style-type: none"> • Support to develop the national portfolio for action on environment and health.
Italy	<ul style="list-style-type: none"> • Support implementation of the WHO-recommended WSP approach: building WSP capacities in health institutions: training-of-trainers (Rome, October 2018). • Health Impact Assessment of steel production facility.
Kazakhstan	<ul style="list-style-type: none"> • UNECE Environmental Performance Review: Health and Environment chapter developed (2018). • Training of government representatives using the Inter-Organization Programme for the Sound Management of Chemicals Toolbox for decision-making on chemical management – Key elements of national systems for sound chemicals management (Astana, April 2019) – workshop for representatives of 12 Member States organized in the frame of the Germany-supported project.

Lithuania	<ul style="list-style-type: none"> • Support to implementation of the WSP approach: building WSP capacities in health institutions: training-of-trainers (Vilnius, August 2018). • Capacity building workshop on air quality and health (upcoming, Vilnius, 2019).
Portugal	<ul style="list-style-type: none"> • Implementation of health impact assessment legislation through capacity building and pilot case studies: training workshops (November 2017 and January 2019) and policy dialogues (November 2017 and July 2019, to be confirmed), development of an action plan for Health Impact Assessment implementation (by July 2019).
Serbia	<ul style="list-style-type: none"> • Development of a National Portfolio for Action in Environment and Health: support given to a cross-sectoral working group identifying national environmental health priorities and policy response. • Development of a national policy road map on adopting and scaling up the WHO-recommended WSP approach. • Implementation of a national survey on the water, sanitation and hygiene conditions in health care facilities. • Development of a national roadmap on industrially contaminated sites. • Assessment of the health impacts of air pollution in Serbia.
Tajikistan	<ul style="list-style-type: none"> • Support to the Tajik Government on improving access to safely managed drinking water through the project “Small and safe: scaling up WSP and effective water quality monitoring in rural Tajikistan”.¹
Uzbekistan	<ul style="list-style-type: none"> • UNECE 3rd Environmental Performance Review: development of chapter 14 on health and environment.

¹ Details can be found at: <http://www.euro.who.int/en/health-topics/environment-and-health/water-and-sanitation/country-work/safe-drinking-water-and-effective-water-quality-monitoring-in-rural-tajikistan> (accessed 31 July 2019); and <http://www.euro.who.int/en/health-topics/environment-and-health/water-and-sanitation/news/news/2019/3/ensuring-safe-drinking-water-highlighting-water-safety-plans-in-tajikistan-on-world-water-day> (accessed 31 July 2019).

Interdivisional and interprogrammatic collaboration

- Interdivisional project with the Division of NCDs and Promoting Health through the Life-course (DNP) and the European Office for the Prevention and Control of NCDs on promoting drinking water consumption in schools as an integral component of reducing childhood obesity and on highlighting the links between air pollution and NCDs.
- Interdivisional collaboration with DNP and the Department of Child and Adolescent Health and Development on addressing environmental determinants of health in promoting healthy schools.
- Interdivisional collaboration with the Control of Antimicrobial Resistance unit in integrating environmental considerations in developing national antimicrobial resistance action plans.

Programme budget 2020–2021

The Bonn Office is currently undergoing an organizational and managerial transition, which will result in a closer link between the technical and normative work of the Office and its support to Member States through intersectoral policy platforms, in particular the European Environment and Health Process. As part of this reorganization, the Office is also planning a strategic review of its work, to better prepare for and align with GPW 13 and the new WHO business model. Since this review has not yet been completed, the following directions for work in 2020–2021 are to be considered as preliminary and subject to change.

In 2020–2021 the Bonn Office will continue to support Member States in implementing their environment and health commitments, notably those made at the Sixth Ministerial Conference on Environment and Health held in 2017, and will contribute to implementing the new WHO global strategy on health, environment and climate change, which was noted by the WHA in May 2019 in decision WHA72(9). The Office will strengthen its normative function, aiming in particular at updating the WHO air quality guidelines, in collaboration with HQ. It will enhance its work in support of healthy urban and subnational policies, working in collaboration with the Healthy Cities movement and the Regions for Health Network. It will also strengthen its support to Member States in the development and implementation of national policies, including portfolios for action on environment and health, and further develop capacity building initiatives, such as the Bonn School on Environment and Health, by seeking opportunities for

collaboration with the WHO Academy, for example on e-learning methodologies and tools. The Office will continue to provide secretariat services to the European Environment and Health Process, the Protocol on Water and Health and the Transport, Health and Environment Pan-European Programme. It will continue to chair the Task Force on Health of the United Nations Convention on Long-Range Transboundary Air Pollution, and collaborate with the Strategic Approach to International Chemicals Management. The Office will also continue to develop and update tools and methodologies that support the health impact assessment of environment and health policies. Furthermore, the Office will provide technical assistance in case of environment and health emergencies, including those caused by extreme weather events, working with the WHO Health Emergencies Programme and in the framework of the International Health Regulations (2005). The Office will have to remain open to new and emerging issues, such as the circular economy, the environmental sustainability of health systems, the assessment of new technologies, and the influence of the green environment on health. To this end, the Office remains engaged in partnerships that are updating the priorities of the Environmental Health Research Agenda, notably in the upcoming European Union Horizon Europe Framework Programme. Some technical areas, such as environmental economy or occupational health, will be dealt with through greater support from and outsourcing to the network of WHO collaborating centres and consultants to increase resource efficiency.

ADMINISTRATION

Staffing profile	21 staff members (13 professional and 8 administrative), 2 on-site consultants and a network of international consultants contracted on a needs basis.
Budget/Finance	Approximately US\$ 14 million/biennium.
Funding sources	Germany (Ministry of Environment and Ministry of Health), European Commission, Switzerland, the Netherlands, France, Austria, Norway, Finland, Italy, Republic of Korea.

WHO European Office for Investment for Health and Development, Venice, Italy

IDENTIFIER	
Name	WHO European Office for Investment for Health and Development
City/country	Venice/Italy
Date of establishment	2003
Head of Office	Chris Brown
Reporting line	Director, Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe The new HQ organigram has separated the Equity and Social Determinants of Health (SDH) units, now with two reporting lines: 1. Gender equality, Equity and Rights reports to the office of the Director-General. 2. SDH is a new unit and a managerial counterpart is not yet appointed. The HQ SDH unit reports to the head of the Healthy Populations Area.
HQ technical counterpart (as per new organigram)	NB: In the European Region the key programmes primarily related to Equity (gender rights, SDH, environment) report to the same division (PCR). This is based on the decision of the Executive Committee in the Regional Office in 2016 to have an integrated approach to equity with a common Regional Office action plan for implementing equity goals and objectives.

OVERALL TECHNICAL AREA	
Thematic focus/link to the SDGs	
Thematic focus:	
1. Reducing social and economic inequities in health through: <ul style="list-style-type: none"> — health equity policies, analysis and monitoring — implementing multisectoral policies and approaches — health sector approaches to engage those being left behind 	<ul style="list-style-type: none"> • The GDO leads the technical and scientific work of the Regional Office on Health Equity and Social Determinants and is the organizational home for the Health Equity and Social determinants programme of PCR. • The GDO is the institutional home of the WHO European Regional Health Equity Status Report, which is published every five years and analyses trends in health gaps and adverse exposures to the determinants of health. Country-specific data allow countries to tailor their policy responses and improve government decision-making and investment for health equity. • The GDO produces evidence, policy guidance and tools to support the health sector to make the investment case and to implement multisectoral polices and development plans for health equity.

<p>2. The Investment case for improving health equity and well-being in subnational and national development plans</p>	<ul style="list-style-type: none"> • The GDO develops and delivers the annual WHO Flagship Course on Health Equity in All Policies for health authorities on the social and economic returns from investing to reduce inequities in health and well-being. • The GDO is the technical secretariat for two European healthy settings networks: (i) the Small Countries Initiative, protecting health and supporting the sustainability of health systems in countries with a population of less than 1 million; and (ii) the Regions for Health Network, supporting policy-makers in 41 regional health authorities, across 27 countries, to scale up and adapt the best practices in services and approaches that promote health, address determinants and reduce health inequities.
<p>Relevant SDGs: SDG 1 on poverty SDG 3 on health and well-being (all targets) SDG 4 on education SDG 8 on decent work and economic growth SDG 10 on reducing inequities within and between countries SDG 17 on high quality reliable disaggregated data</p>	<ul style="list-style-type: none"> • The GDO is the Co-Chair of the United Nations Issues Based Coalition on SDG 1 (on poverty and social protection) and co-chaired the workshop on SDG target 10.2 (on empowering and promoting the social, economic and political inclusion of all), at the United Nations Regional Forum on Sustainable Development for the UNECE Region (April 2019). • The social determinants are relevant to many SDGs and the GDO is responsible for developing policy guidance and monitoring the trends and progress of social determinants and their impact on health equity for poverty reduction, education and lifelong learning, work and economic growth, housing and inequities within and between countries.
<p>Link to GPW 13 and contribution to regional/global goods</p> <p>Output 1.2.3. Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation and analysis of the impact of health in the national economy</p>	<ul style="list-style-type: none"> • Evidence, methods and tools on how the health system impacts on the national economy and on inclusive development.
<p>Output 3.1.1. Countries enabled to address social determinants of health across the life course</p>	<ul style="list-style-type: none"> • Policy briefs and policy dialogue with evidence-based options on interventions to reduce health inequities that address social determinants for: (i) key stages of the life course; (ii) priority public health conditions; and (iii) emerging health equity risk e.g. food insecurity. • Policy briefs and policy dialogue on synergies between health and other sectors in reducing inequities and addressing social determinants in: (i) the health and finance sector; (ii) health, labour and social affairs; and (iii) health and regional/local development sectors. • SDH Equity Nordic-Baltic Collaboration.

<p>Output 3.2.2. Multisectoral determinants and risk factors addressed through engagement with public and private sectors, as well as civil society</p>	<ul style="list-style-type: none"> • Policy briefs, dialogue and webinar on evidence for and new models of improving health and reducing inequities that empower and engage communities, contributing to social and economic participation.
<p>Output 3.3.1. Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy regions, cities and villages, housing, schools and workplaces</p>	<ul style="list-style-type: none"> • Equity in Health in all Policies Regional Flagship Course. • Health Equity Impact Assessment. • Small Countries Initiative. • Regions for Health Network.
<p>Output 4.1.2. GPW 13 impacts and outcomes, global and regional health trends, SDG indicators, and health inequalities and disaggregated data monitored</p>	<ul style="list-style-type: none"> • European Regional Health Equity Status Report; dataset, indicators and tools for disaggregated monitoring and analysis of health inequities and the underlying determinants of health. • Disaggregated analysis of investment, coverage and uptake of public policies and their impact on health equity.

<p>CURRENT WORK 2018–2019</p>	
<p>Main deliverables</p>	
<p>Innovation in scientific methods</p>	<ul style="list-style-type: none"> • New ground-breaking scientific method developed to quantify the impact of health systems on economic growth and social inclusion. Methodology published in the European Journal of Applied economics (3.19) and carried out in Slovenia in 2018 (biennial collaborative agreement), and in the United Kingdom of Great Britain and Northern Ireland and North Macedonia in 2019 (biennial collaborative agreement). Evidence and findings used to support: (i) the Invest pillar of the Tallinn 2018 high-level meeting and related outcome statement (Division of Health Systems and Public Health); (ii) work with HQ Health Systems and Innovation, Health Systems Governance and Financing, and the European Observatory on Health Systems and Policies on the HQ Health Systems Assessment project; and (iii) the European preparations for the G20 Summit on how health is important to the economy (June 2019).

	<ul style="list-style-type: none">• Evidence to support decision-makers to design relevant policies, interventions and practices to prevent adverse childhood experiences (ACEs) including identification of risk factors, early support mechanisms for new parents and preschool enrichment for children. Building resilience to mitigate the impact of ACEs across the life course. Development of trauma-informed services that support people with a history of ACEs across the life course. Collaborative work with the DNP Violence and Injury Prevention programme.• A new health equity data set: allowing better analysis of the pathways into and out of health equity and signposting policy action and options that reduce inequities in the short and medium terms. Country-specific data allow countries to tailor their responses and improve government decision-making and investment for health equity. Analysing the underlying conditions supports ministries of health to demonstrate how decisions made in other sectors contribute to inequities in health and well-being. Supporting national and subnational governments/health authorities in improving policy coherence for equity in health and well-being.
Main reports	<ul style="list-style-type: none">• Multicountry analysis of the impact of health systems in the national economy and on social inclusion for 19 countries in the European Region, demonstrating the scalability of the methodology on health systems impact on the national economy, across countries with different systems and economies.• Two publications on the evidence and business case for investing in health systems to achieve the goals of inclusive growth and resilient economies. A policy dialogue (November 2018) brought together the health, finance and development sectors from countries across Europe on the evidence, policy options and best practices for the health sector as an economic sector.• European Health Equity Status Report: the first WHO report from the European Region on trends and status of health inequities and progress to implement policies for health equity within countries. The Report was formally launched at a press conference on 11 June 2019.
Policy tools	<ul style="list-style-type: none">• New regional health equity policy tool: a draft European Region framework of 52 policy indicators measuring the status and trends in the coverage, uptake and effectiveness of policies on the determinants of health equity. Close engagement from other United Nations agencies including the International Labour Organization, the United Nations Educational, Scientific and Cultural Organization, the United Nations Children's Fund and HQ SDH technical staff ensured synergy with the global monitoring framework on SDH.

<p>Policy briefs</p>	<ul style="list-style-type: none"> • Three life-course policy briefs with evidence-based options on interventions to reduce health inequities and address social determinants for: (i) early years; (ii) youth; (iii) later life. Collaborative work with DNP life-course programmes. • Transformative approaches to a healthy prosperous life for all. Publication 1: universal basic income policies and their potential for addressing health inequities.
<p>High-level meetings</p>	<ul style="list-style-type: none"> • Sixth high-level meeting of the small countries, political commitment to health equity and prosperous lives for all, April 2019, which led to the San Marino Statement of Small Countries, adopted by 11 Member States. • Regional high-level conference, Accelerating Progress towards Healthy and Prosperous Lives for All in the WHO European Region (11–13 June 2019). Taking stock of progress and presenting solutions on how to accelerate progress towards leaving no one behind in Europe.
<p>Country collaboration Selected highlights of country work</p>	<ul style="list-style-type: none"> • The GDO generates and uses evidence on the social determinants of health, working with countries to tailor policy responses to country priorities and intersectoral systems (Hungary, Italy, Poland, Slovenia, and the United Kingdom). • Adoption of the work of the WHO European Health Equity Status Report Initiative by five Member States (Italy, Malta, Slovenia, Sweden and the United Kingdom (Wales)) working with the GDO to strengthen health equity monitoring and analysis, and to scale up policies for health equity. • The GDO develops evidence and analytical methods to support countries and areas to make the investment case to reduce health inequities. Support to North Macedonia, Slovenia and the United Kingdom (England) to quantify the impact of the health sector on the national economy. Support to the United Kingdom (Wales), as well as to Kosovo² to demonstrate the social return on investment from improving health and well-being for all.
<p>Intercountry policy networks</p>	<ul style="list-style-type: none"> • Technical support, workshops, capacity building, policy exchanges involving 26 Member States and an annual conference at the subnational level of governments through the Regions for Health Network. • Citizens’ summits on health, well-being and development: organized by the Regions for Health Network, in collaboration with the European Union Committee of the Regions held in Meuse-Rhine Euroregion (February 2019). The initiative collected the perspectives of hundreds of citizens on the same topics.

² Kosovo (in accordance with Security Council resolution 1244 (1999)).

Interdivisional and interprogrammatic collaboration	
Equity, social policies and NCDs	<ul style="list-style-type: none"> Life-course policy briefs with evidence-based options on interventions to reduce health inequities and address social determinants for: (i) early years; (ii) youth; and (iii) later life. Collaborative work with DNP life course programmes. Web based interactive tools to be launched September 2019. Evidence policy options and country assessment to reduce ACEs.
Equity and health systems	<ul style="list-style-type: none"> Evidence and findings on the impact of health systems on economic growth and social inclusion used to support background papers and country evidence for the Invest pillar of the Tallinn 2018 high-level meeting and related outcome statement.
Equity, social determinants and SDGs	<ul style="list-style-type: none"> Evidence resource pack and case studies to support country SDG processes: Health across the SDGs – addressing health inequities and the social determinants of health.
Programme budget 2020–2021	
	<ul style="list-style-type: none"> The main direction of the work is to launch the Health Equity Solutions Platform to take forward the commitments made by Member States and partners to accelerate progress in achieving healthier, prosperous lives for all, as set out in resolution EUR/RC62/R4; and the draft WHO Regional Committee for Europe resolution on accelerating progress for health equity in the WHO European Region, submitted to the Regional Committee in 2019. There is a new focus on the investment for health area of work, to strengthen work on cutting-edge evidence and methods that enable governments to prioritize and scale up innovation (scientific, technological, social, business or financial), to increase equity in health and to bring social values into inclusive economic growth policies.

ADMINISTRATION	
Staffing profile	8.5 full-time equivalent staff members (4.5 professional and 4 administrative), 3 full-time consultants, 3 part-time consultants and a network of 35+ consultants from international scientific and policy institutions contracted on needs basis.
Funding sources	Government of Italy, Italian Region of Veneto, Government of San Marino; memoranda of understanding with the United Kingdom (Wales) and Ministry of Health of Slovenia (in-kind consultancies and secondments); grants: Robert Wood Johnson Foundation, Open Society Institute, Germany; membership fees from 27 regions in the Regions for Health Network.

WHO European Centre for Primary Health Care, Almaty, Kazakhstan

IDENTIFIER	
Name	WHO European Centre for Primary Health Care
City/country	Almaty/Kazakhstan
Date of establishment	2013 (see document EUR/RC62/11); operational at premises since 2016
Head of Office	Juan Tello
Reporting line	Director, Division of Health Systems and Public Health, WHO Regional Office for Europe
HQ technical counterparts (as per new organigram)	Edward Kelley, Director of Access to Services Vacant, primary health care cross-cutting initiative (new)

OVERALL TECHNICAL AREA	
Thematic focus/link to the SDGs	
Thematic focus: 1. Transforming integrated health services delivery 2. Strengthening people-centred health systems 3. Health services delivery component of universal health coverage (UHC)	<ul style="list-style-type: none"> • The Almaty Centre works as an extension of the Division of Health Systems and Public Health, as a hub of technical expertise on transforming health services delivery towards people-centred health systems across the Region. • The Almaty Centre leads the implementation of the WHO European Framework for Action on Integrated Health Services Delivery to transform services delivery in working towards people-centred health systems and UHC.
Relevant SDGs: SDG target 3.8 (UHC)	<ul style="list-style-type: none"> • The work of the Almaty Centre supports progress towards the health services component of SDG target 3.8 on UHC (indicator 3.8.1) for coverage of quality essential health services. The Centre actively contributes to health services delivery monitoring through the development and use of the European primary health care impact, performance and capacity tool. The tool is aligned with the approach and priorities of European policies including priorities for health systems strengthening in the WHO European Region (resolution EUR/RC65/R5), the European Framework for Action on Integrated Health Services Delivery (resolution EUR/RC66/R5) and Health 2020 (resolution EUR/RC62/R4).

Link to GPW 13 and contribution to regional/global goods	
Alignment with GPW 13: Outcome 1.1. Improved access to quality essential health services	<ul style="list-style-type: none"> The Almaty Centre is leading the Regional Office’s work on GPW 13 for Outcome 1.1 – improving access to quality essential health services, prioritization of which is directly linked to the target of 1 billion more people benefiting from UHC.
Relevant regional and global goods: Output 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages	<ul style="list-style-type: none"> Specific policy guidance on topics related to integrated health services delivery, performance measurement, models of care, organization of providers, management of services and quality improvement. Direct country technical assistance with regard to generating evidence, assessing performance, supporting training and providing advice on the development of integrated health services delivery policies and their implementation. Multi-stakeholder coordination through platforms like the Primary Health Care Advisory Group and the network of Integrated Health Services Delivery Focal Points and high-level, thematic and/or technical events.
Output 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific coverage results	<ul style="list-style-type: none"> Cross-programmatic work applying frameworks and tools for NCDs, mental health, sexual and reproductive health and gender and health.
Output 1.3.1. Improved access to essential medicines, vaccines, diagnostics and devices in primary care	<ul style="list-style-type: none"> Cross-programmatic work for the advancement of guidelines and professional competencies with a view to improving the dispensing and use of antibiotics in primary care.

CURRENT WORK 2018–2019	
Main deliverables	
Meetings organized by the Almaty Centre	<p>In 2018 the Almaty Centre hosted more than five international events bringing more than 300 international visitors to Almaty. Highlights of these events include:</p> <ul style="list-style-type: none"> First cross-programmatic consultation on the role of primary care in the responsible use of medicines and reduction of antimicrobial resistance, joined by 16 countries and a range of partners. Meeting on long-term care for older people in the WHO European Region: getting it right, fast, sharing country cases and first-hand experiences across 27 participating countries.

	<ul style="list-style-type: none"> • Scientific conference: crossroads of policy, research, education and practice in primary care, a pre-conference event before the Global Conference on Primary Health Care (2018), attended by more than 200 participants.
<p>Delivering training and capacity-building initiatives</p>	<p>Annually, the Almaty Centre is engaged in various policy consultations and workshops as well as in delivering training and capacity-building initiatives. Highlights include the following:</p> <ul style="list-style-type: none"> • delivering training on primary health care for journalists and media specialists; • communications training for health professionals; and • supporting studentships (hosted placements; sponsoring the participation of Member States in relevant short-courses) and delivering annual guest lectures.
<p>Main reports</p>	<p>In 2018 the Almaty Centre published and contributed to nearly 40 publications including reports, chapters and peer-reviewed articles. Below is a selection of the reports, chapters and peer-reviewed articles developed by the team:</p> <ul style="list-style-type: none"> • Special issue of <i>Public Health Panorama</i> on primary health care released in December 2018, for which the Almaty Centre served as publishing partner. • Country- and area-specific reports on health services delivery and quality of care in Kyrgyzstan and on primary health care in Albania and North Macedonia as well as in Kosovo.³ • Contributions to <i>Health systems respond to NCDs</i>, including chapters on multi-profile care, health system information solutions for NCDs and a good practice brief on Catalonia, Spain. • Health services delivery data; a report on the availability of national health services delivery data across the WHO European Region: scanning survey results.
<p>Country and area collaboration</p>	<p>The Almaty Centre works closely with more than 20 Member States and areas annually, conducting assessments, strengthening performance measurement, delivering training courses and supporting policy development and implementation of health services delivery and primary care reforms. In 2018 intensive and continuous support was provided to Albania, Belarus, Kazakhstan and North Macedonia, as well as to Kosovo.³ Additional support was provided to Bulgaria, Greece, Hungary, Kyrgyzstan, Montenegro, Poland, Romania, Serbia, Tajikistan, Ukraine and Uzbekistan.</p>

³ Kosovo (in accordance with Security Council resolution 1244 (1999)).

Selected highlights of country and area work	<ul style="list-style-type: none">• Rapid primary health care assessments exploring the feasibility of new primary health care models in Albania as well as in Kosovo⁴ helping to inform priority setting and policy development.• Quality of care technical assistance in countries including Belarus, Kyrgyzstan, North Macedonia and Ukraine, focused on mapping the current quality of care landscape of mechanisms and actors, and on supporting priority setting.• Performance measurement efforts in countries aimed to accelerate primary health care strengthening through comprehensive assessments of primary health care in Albania and from the practitioner perspective in Montenegro.• Training courses and twinnings for capacity building in Belarus to advance professional competencies in primary care to respond to NCDs, in Hungary to develop a pilot for the delivery of integrated, people-centred services, and in Kazakhstan to support primary care nurses and doctors to develop communication skills.• Support to integrated health services delivery policies and pilots in countries including Greece, Kazakhstan, Romania and Serbia where efforts are underway to plan and implement pilot projects and demonstration sites, and in Poland and Uzbekistan where policy dialogues explored opportunities to invest in the primary care workforce and transform the model of care.
Interdivisional and interprogrammatic collaboration	<p>The Centre works in close collaboration with technical units within and across divisions as well as other GDOs, including supporting the interdivisional collaboration project focused on health systems strengthening for better NCDs outcomes. Other areas of cross-cutting work include:</p>
Long-term care (integrated health and social care)	<ul style="list-style-type: none">• Work related to the integrated delivery of health and social care developed in collaboration with the Regional Office's technical unit on Healthy Ageing, Disability and Long-term Care and with support from the Gender and Human Rights programme.
Performance of primary care	<ul style="list-style-type: none">• The development of electronic tools and linkages to existing databases supported by close collaboration with the WHO European Office for the Prevention and Control of NCDs (Moscow, Russian Federation).

⁴ Kosovo (in accordance with Security Council resolution 1244 (1999)).

<p>Gender and health</p> <p>Antimicrobial resistance</p> <p>Health workforce</p>	<ul style="list-style-type: none">• In collaboration with the Gender and Human Rights programme, the Almaty Centre hosted the second expert meeting as part of the development of the men’s health strategy in Almaty in February 2018 and contributed from a services delivery perspective to the men’s health report presented at the Regional Committee in September 2018. Opportunities to continue to strengthen the gender perspective in ongoing work continue to be explored.• In collaboration with the Health Technologies and Pharmaceuticals programme, the Almaty Centre hosted its first cross-programmatic consultation on the role of primary care in the responsible use of medicines and reduction of antimicrobial resistance in Almaty in November 2018. Ongoing work aims to further explore policy options to improve the dispensing and use of antibiotics in primary care as well as indicators that capture prescribing practices.• In collaboration with the Human Resources for Health programme, the Almaty Centre is jointly working at the front line to support countries to expand the scope of practice of primary health care providers, particularly nurses, to respond to long-term care needs through integrated services delivery.
<p>Programme budget 2020–2021</p>	<ul style="list-style-type: none">• In 2019 the Almaty Centre launched a year-long transformation, working towards becoming a people-centred office and respectful work environment in the context of the Organization-wide transformation of WHO. This initiative will continue to be maintained through continuous training, feedback and other supportive resources in 2020–2021. Priority areas of intercountry work include the following: enabling integrated, people-centred services; strengthening primary care; ensuring effective governance of quality of care; monitoring health services delivery; responsible use of medicines in primary care; and strengthening the primary care workforce.• The Almaty Centre will continue to prioritize country support in the modalities laid out in GPW 13 to support the setting up and piloting of new models of care, to provide strategic support to countries embarking on reforms, and to facilitate policy dialogues.

ADMINISTRATION	
Staffing profile	8 staff members (6 professional and 2 administrative), 2 Almaty-based consultants and a network of 4 part-time consultants working at a distance. A network of approximately 10 accredited contractors providing regular support and services.
Budget/Finance	Approximately US\$ 2.5 million per biennium.
Funding sources	Government of Kazakhstan (80%) and grants from Germany (20%).

WHO European Office for the Prevention and Control of Noncommunicable Diseases, Moscow, Russian Federation

IDENTIFIER	
Name	WHO European Office for the Prevention and Control of Noncommunicable Diseases
City/country	Moscow/Russian Federation
Date of establishment	2014
Head of Office	Joao Breda
Reporting line	Director, Division of NCDs and Promoting Health through the Life-course
HQ technical counterpart (as per new organigram)	Departments of Communicable Diseases and NCDs and several departments under the Healthier Populations Cluster

OVERALL TECHNICAL AREA	
Thematic focus/link to the SDGs	
Thematic focus:	
1. NCDs	<ul style="list-style-type: none"> • The GDO (NCD Office) is an integral part of DNP. The Head of Office is also the acting Programme Manager for Nutrition, Physical Activity and Obesity. Programme Managers for Alcohol and Illicit Drugs and Surveillance are also based in the GDO in Moscow. • The NCD Office aims to strengthen the national capacity of all 53 countries of the WHO European Region to prevent and control NCDs. • The NCD Office is driven by the strategic objectives of reducing the burden of NCDs, increasing equity and increasing participatory governance of health, as defined by Health 2020. While the NCD Office serves the whole European Region, it focuses its work in countries with the highest burden of NCDs. • The NCD Office is contributing to each of the GPW 13 triple billion targets. The office is uniquely poised to strengthen capacity in these areas by working closely with regional and country offices. Through these partnerships, the NCD Office provides continuous education on NCDs, strengthens collaboration with nongovernmental organizations and works closely with local stakeholders.
2. Prevention of and addressing risk factors for NCDs	
3. Surveillance of NCDs	

- Through innovative approaches and by scaling up interventions, the NCD Office is igniting change and strengthening progress towards achieving the aims outlined in the SDGs and GPW 13. To help achieve UHC (part one of the GPW strategy), the NCD Office promotes the provision of early diagnosis of NCDs, brief interventions and motivational interviewing for NCD risk factors and the strengthening of primary health care.
- To contribute to the second target of GPW 13, in relation to NCDs and emergencies, the NCD Office promotes the health of refugees and migrants with NCDs.
- The third focus of the GPW strategy relates to addressing NCDs and promoting better health. The NCD Office's work addressing NCD risk factors brings additional value to GPW 13 at European level. For example, the office's trans-fat elimination package, which is being implemented in more than two dozen countries, will help avert thousands of cases of heart disease. The salt reduction package, which includes monitoring, stakeholder engagement and education, will also prevent a large number of deaths.

Link to GPW 13 and contribution to regional/global goods

Alignment with GPW 13:

Outcome 3.2. Risk factors reduced through multisectoral action (illustrative examples)

Relevant regional and global goods:

Output 3.2.1. Countries enabled to develop and implement technical packages to address risk factors through multisectoral action

Output 3.2.2. Multisectoral risk factors addressed through engagement with public and private sectors as well as civil society

- Scientific collaboration and publications in the area of prevention, control, governance and surveillance of NCDs and their risk factors.
- Country package for NCD prevention focused on risk factors.
- Policy implementation tools for alcohol.
- Development and use of physical activity toolkits specific to the European Region.
- COSI (Childhood Obesity Surveillance Initiative): COSI is a highly standardized health examination survey of body mass index in children aged 7–9 years in school settings across 43 countries. It also includes questions on other health-related behaviours and the environment.
- Development and use of physical activity toolkits specific to the European Region to support implementation of the Physical Activity Strategy for the WHO European Region and global action plan on physical activity.

- Technical package to support Member States to choose the appropriate combination of policy options to reach SDG targets; modelling and linear programme.

CURRENT WORK 2018–2019

Main deliverables

- The last four to five years have seen a transformation in the field of NCDs in the European Region. Since the project for the development of a GDO on NCDs was launched on 1 December 2014, the Region has become a leader in the field globally. The NCD Office has been working as part of the Regional Office and in coordination with all three levels of WHO since its inception, and has transformed the way the European Region prevents and controls the NCD epidemic.
- The NCD Office provides training, raises national capacities, enhances leadership, promotes intersectoral action, and enables countries to adopt best practices to prevent and control NCDs. It supports population-level, targeted approaches to address a range of issues, including tobacco and alcohol control, reduction of salt, saturated- and trans- fat consumption, controlling hypertension and increasing levels of physical activity.
- The GDO has developed a system for assessing the composition of foods sold in markets in central Asia and other eastern European countries.
- In collaboration with the Division of Health Systems and Public Health, a framework for assessing health systems for NCD-related strengths and weaknesses has been devised.
- The GDO has contributed to the compilation of evidence to counteract the claims of the tobacco industry when it opposes effective tobacco legislation.
- The GDO first proposed the idea of a multisectoral investment case for national action on NCDs. The draft of the methodology was developed in the European Region and it has since been taken up, refined, and globally implemented by the United Nations Interagency Task Force.
- The GDO successfully adapted COSI to the countries of eastern Europe and central Asia, transforming it into a tool that more comprehensively analyses nutritional status, diet quality and physical activity in school-age children.

	<ul style="list-style-type: none">• There are many other examples, including interventions on alcohol pricing, marketing and availability; trans-fat elimination; salt reduction; digital marketing of foods to children; innovations in data warehousing and visualization; and the use of electronic health records, data mining and predictive analytics.
Country collaboration	<ul style="list-style-type: none">• The GDO's main workstream is based on providing country support through policy advice and technical assistance to a large majority of Member States across the European Region. In 2018 highly intensive support was provided to 18 Member States particularly from the eastern part of the Region. Furthermore, the GDO has also engaged in lighter technical collaboration with a further 21 Member States. Finally, the GDO collaborates in the Subregional Platform for Nutrition, involving eight Member States from central Asia and the Caucasus, and four United Nations Agencies: the United Nations Children's Fund, the World Food Programme, the Food and Agriculture Organization and WHO.
Interdivisional and interprogrammatic collaboration	<p>A snapshot of examples of the interdivisional collaboration projects either being led by the GDO, or to which the GDO is significantly contributing, is as follows:</p> <ul style="list-style-type: none">• Health systems strengthening for better NCD outcomes in collaboration with the Division of Health Systems and Public Health.• NCDs and migrants (collaboration with PCR and the Migration and Health programme).• NCD surveillance at primary health care level (collaboration with the GDO in Almaty).• European Health Equity Report and High-level Conference on Health Equity (collaboration with PCR and the GDO in Venice).• Collaboration with HQ NCD-related programmes on the implementation of the recommendations of the High-level Commission on NCDs.
Programme budget 2020–2021	<ul style="list-style-type: none">• The main directions of the work for the 2020–2021 biennium include the continuation of the regional and country-level support in the areas of NCD risk factors and NCD surveillance, fully aligned with GPW 13.

ADMINISTRATION	
Staffing profile	2 P6/D1, 3 P5, 2 P4, 4 P3, 2 administrative staff and a network of 60 international consultants (mostly Russian nationals as per the donor agreement).
Budget/Finance	Approximately US\$ 27 million for 2019–2023.
Funding sources	Russian Federation (90%); European Union (Directorate General for Health and Food Safety and the Directorate General for Education and Culture); Canada; Germany; Finland; Netherlands; Switzerland. Philanthropists: small grants from RESOLVE and Gates Foundation.

2. Other offices

WHO Barcelona Office for Health Systems Strengthening, Spain

IDENTIFIER	
Name	WHO Barcelona Office for Health Systems Strengthening
City/country	Barcelona/Spain
Date of establishment	1999
Head of Office	Tamás Evetovits
Reporting line	Director, Division of Health Systems and Public Health, WHO Regional Office for Europe
HQ technical counterpart (as per new organigram)	Department of Health Systems Governance and Financing (UHC/Life Course)
OVERALL TECHNICAL AREA	
Thematic focus/link to the SDGs	
Thematic focus: <ol style="list-style-type: none"> 1. Health financing for UHC 2. Health systems strengthening for improved health outcomes (NCDs and tuberculosis (TB)) 3. Capacity building in health systems through training programmes 	<ul style="list-style-type: none"> • The Office is the organizational home for the Health Financing programme of the Division of Health Systems and Public Health. The Head of Office is also the Programme Manager for Health Financing. • The Office leads the technical work of the Division of Health Systems and Public Health on health systems strengthening for improved NCD outcomes and collaborates closely with the NCD Division. • The Office develops and delivers annual WHO training courses on health financing for UHC and health systems strengthening for improved health outcomes.
Relevant SDGs: <ol style="list-style-type: none"> 1. SDG target 3.8. on UHC 2. SDG 1 on poverty 	<ul style="list-style-type: none"> • The Health Financing programme is responsible for monitoring progress towards UHC, focusing on financial protection, which is an indicator of UHC in the SDGs (SDG indicator 3.8.2). At regional level, the Office develops country-specific reports and a regional synthesis on financial protection in line with Regional Committee resolutions on priorities for health systems strengthening in the WHO European Region from 2015 to 2020 (EUR/RC65/R5) and the roadmap to implement the 2030 Agenda for Sustainable Development (EUR/RC67/R3).

<p>Link to GPW 13 and contribution to regional/global goods</p>	<p>Alignment with GPW 13: Outcome 1.2. Reduced number of people suffering financial hardships</p> <ul style="list-style-type: none"> • The Office is leading the Regional Office’s work on GPW 13 outcome 1.2. Reduced number of people suffering financial hardships, which is directly linked to one of the targets in the triple billion targets of GPW 13. The relevant target in the WHO impact framework is to stop the rise in the number of people suffering financial hardship caused by accessing health services.
<p>Relevant regional and global goods: Output 1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards UHC</p>	<ul style="list-style-type: none"> • Specific health financing policy guidance on strategic purchasing, provider payment, health insurance reform, voluntary health insurance, benefits package and co-payment design. • Regional coordination of comprehensive health financing policy support to countries embarking on large-scale UHC reforms. • Regional training courses on health financing for UHC and health systems strengthening for improved health outcomes. • Regional platform for dialogue between health and finance ministries in partnership with the Organisation for Economic Co-operation and Development.
<p>Output 1.2.2. Countries enabled to produce and analyse information on financial risk protection, equity and health expenditures, and to use this information to track progress and inform decision-making</p>	<ul style="list-style-type: none"> • Regional coordination of the production of high-quality national health accounts and reporting health expenditure according to the System of Health Accounts. • Regional monitoring instrument for financial protection. • Regional and country-specific reports on financial protection, including equity analysis and coverage policy review with recommendations.
<p>Output 1.2.3. Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation, and analysis of the impact of health in the national economy</p>	<ul style="list-style-type: none"> • Evidence, methods and tools on how the health system impacts on economic growth and social development (delivered jointly with WHO HQ and the Venice GDO).

CURRENT WORK 2018–2019	
Main deliverables	
High-level meetings	<ul style="list-style-type: none">• The Office led the organization of the high-level regional meeting Health Systems Respond to NCDs: Experience in the European Region, in Sitges, Spain, in 2018, which was attended by 250 participants representing 40 Member States, WHO HQ and other WHO regional offices as well as partner organizations such as the Organisation for Economic Co-operation and Development and the World Bank.• The Office was responsible for one of the three themes (Include) of the high-level meeting, Health Systems for Prosperity and Solidarity: Leaving No One Behind, organized by the Regional Office in Tallinn, Estonia, on the occasion of the 10th anniversary of the Tallinn Charter.
Main reports	<ul style="list-style-type: none">• Health systems respond to NCDs: time for ambition (2018). Regional synthesis of the five-year work programme that included the development of a guide to assessing country performance as well as 12 individual country reports.• Health systems respond to NCDs: compendium of good practices (2018). Twenty-two policy briefs that showcase successes in health systems' responses to NCDs in the Region.• Can people afford to pay for health care? New evidence on financial protection in Europe (2019). Regional report covering 24 countries and drawing lessons on how to make progress towards UHC.• Financial protection in high-income countries: a comparison of Czechia, Estonia and Latvia (2018).• Nine country-specific reports on financial protection (Austria, Croatia, Estonia, Germany, Kyrgyzstan, Latvia, Lithuania, Ukraine, and the United Kingdom).• Summary of the regional report on financial protection presented at the 68th session of the Regional Committee.

<p>Training courses</p>	<ul style="list-style-type: none"> • WHO Barcelona course on health financing for UHC: annual regional training course on health financing for policy-makers, senior officials from ministries of health and finance, and managers of health insurance funds (English/Russian). • WHO Barcelona course on health systems strengthening for improved TB prevention and care: annual training course on health systems with a focus on TB delivered as part of the interdivisional work programme funded by the Global Fund, targeting 12 countries (English/Russian).
<p>Country collaboration</p>	<ul style="list-style-type: none"> • The Office has an extensive work programme of providing technical assistance and policy advice on health financing to a large number of Member States. In 2018 the most intensive support was provided to Georgia, Greece, Kyrgyzstan, Republic of Moldova, Tajikistan, Ukraine and Uzbekistan. In addition, Barcelona Office staff contributed to additional work in Armenia, Estonia, Hungary, Lithuania, North Macedonia, Republic of Moldova and Slovenia.
<p>Selected highlights of country work</p>	<ul style="list-style-type: none"> • The Office contributes extensively to the global UHC partnership programme and as a result Georgia has strengthened its purchasing arrangements and has developed a primary care strategy; Greece rolled out its primary health care reform and strengthened the integration of health and social care; and Ukraine has established its new health services purchasing agency, the National Health Service of Ukraine. • The country-specific monitoring and analysis of financial protection had a direct impact on coverage policy and co-payment design in Estonia and Lithuania. • The Office is involved in a Regional Office-wide effort to introduce a large-scale health system reform in Uzbekistan by assisting the development of a new health financing strategy working towards UHC.
<p>Subregional National Health Accounts Network</p>	<ul style="list-style-type: none"> • Subregional workshops on national health accounts delivered in Hungary and the Republic of Moldova in collaboration with WHO HQ support the following 12 countries in the Region: Armenia, Belarus, Bosnia and Herzegovina, Georgia, Hungary, Kyrgyzstan, Kazakhstan, Montenegro, North Macedonia, Republic of Moldova, Tajikistan and Uzbekistan.

<p>Interdivisional and interprogrammatic collaboration</p>	
<p>Health systems and NCDs</p>	<ul style="list-style-type: none"> • An interdivisional collaboration project focuses on health systems strengthening for better NCD outcomes and involves joint country work, regional reports and events, as described above.
<p>Health Systems and TB</p>	<ul style="list-style-type: none"> • Interdivisional collaboration on health systems strengthening for improved TB prevention and care supports the implementation of the Tuberculosis Regional Eastern European and Central Asian Project financed by the Global Fund in 12 countries: Albania, Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.
<p>Health systems and equity</p>	<ul style="list-style-type: none"> • There was close collaboration with PCR on the Health Equity Status Report and the regional high-level conference that took place in 2019.
<p>UHC partnership programme</p>	<ul style="list-style-type: none"> • The Office has a leading role in coordinating technical assistance to countries aiming at large-scale health system reforms on UHC. There are eight countries involved in this division-wide technical assistance for UHC with the bulk of funding and technical work going to Georgia, Greece, Kyrgyzstan, Republic of Moldova and Ukraine.
<p>Programme budget 2020–2021</p>	<ul style="list-style-type: none"> • The main directions of the work for the 2020–2021 biennium include the continuation of the regional and country-level monitoring of financial protection for UHC with action-oriented policy recommendations on how to make progress in different country contexts. This is the most important technical work on health financing, with the aim of increasing country coverage to 80% of the European Region by 2023 with analysis and policy recommendations. This work programme requires further strengthening through careful recruitment of additional staff and extension of the consultant network. • The Office will build on its strength in country work, which is in line with GPW 13, and continue to support countries in moving towards UHC through better health financing policies and comprehensive health systems strengthening.

ADMINISTRATION	
Staffing profile	10 staff members (6 professional and 4 administrative), 4 part-time consultants and a network of 50+ international consultants contracted on a needs basis.
Budget/Finance	Approximately US\$ 5 million/biennium.
Funding sources	Generalitat de Catalunya, Spain (60%), grants from the European Commission, Germany, Japan, Switzerland (Swiss Agency for Development and Cooperation), the United Kingdom (Department for International Development) and WHO Assessed Contributions.

3. List of abbreviations and acronyms

ACEs	adverse childhood experiences;
COSI	Childhood Obesity Surveillance Initiative
DNP	Division of Noncommunicable Diseases and Promoting Health through the Life-course
GDO	geographically dispersed office
GPW 13	Thirteenth General Programme of Work, 2019–2023
HQ	headquarters (of WHO)
NCD	noncommunicable disease
PCR	Division of Policy and Governance for Health and Well-being
SDG	Sustainable Development Goal
SDH	social determinants of health
TB	tuberculosis
UHC	universal health coverage
UNECE	United Nations Economic Commission
WSP	water safety plan

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