

Partnerships for health in the WHO European Region



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The Regional Director's proposals for adapting the WHO Regional Office to meet the current global and European challenges recognize the crucial role of partnerships in achieving "Better health for Europe". There is a need, in this context, to review past experiences and identify key issues to consider in proposing a way forward.

The present paper therefore reviews the collaborative activities and strategic approaches of the Regional Office to date and highlights trends in the global and European health environment that impact on partnership development. These trends provide both opportunities and challenges for the work of the Regional Office and thus need to be taken into consideration during the analysis and formulation of new strategic directions for partnerships in health.

The paper concludes by identifying the main areas for action and suggesting a way forward, including proposals for a partnership strategy to be submitted to the WHO Regional Committee for Europe at its sixty-first session, informed by the discussions at its sixtieth session. More immediately, it is proposed to consolidate the considerable existing collaboration with the European Commission, from a project-based approach to a more strategic approach, encapsulated in the jointly developed "A shared vision for joint action" which is presented in Annex 2.

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

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Executive summary

The WHO European Region is one of great political, economic, social and institutional diversity. The public health situation is also very varied. Furthermore as the health agenda involves all aspects of society, with multisectoral and multilevel participation, working in partnerships within the health sector and with other sectors has been strongly emphasized in Europe for many years. However, over the past decade, the international and regional public health landscape has gradually grown more complex in respect of the range of disease burden, the broad understanding of public health, and the number of stakeholders and initiatives. This offers an opportunity to build strong partnerships and coalitions for health at regional and country levels which recognize the needs and requirements of each partner and which clearly define roles and tasks that are consistent with and respect the mandate of all partners.

Furthermore, partnerships are a crucial element of the Regional Director's proposals for a European health policy, for strengthening health governance in the WHO European Region and for developing the Regional Office as a centre of public health excellence. The discussions at global level on WHO financing, global health governance and the role of WHO in partnerships are also highly relevant.

The aim of this paper is to review the past partnership activities and approach of the Regional Office, the lessons learned, and the challenges and opportunities of the current European health and partnership context, and, to flag up issues for discussion at the sixtieth session of the Regional Committee (RC60) that require guidance and input from Member States and partners active in the WHO European Region. This discussion will inform the strategy for partnerships for health in the WHO European Region that is proposed for submission to the Regional Committee at its sixty-first session in 2011 (RC61).

The partnership with the European Commission is longstanding and has been important for many decades. The past 10 years have seen a strengthening of contacts and relationships at all levels, together with more direct funding of projects by the European Commission through, for example, the Public Health Programme. In order to further strengthen this partnership, it is proposed to move from a project-based approach to one in which the main strategic areas are jointly identified, together with an indication of the policy and technical actions needed. This joint strategic vision of collaboration between the European Commission and the Regional Office is annexed to this paper (see Annex 2).

All the above proposals, taken together, will be the first major step in defining and strengthening partnerships to achieve "Better health for Europe". As mentioned above, further developments will be part of the strategy for partnerships for health to be presented to RC61.

Partnerships for health – a historical overview

Political and strategic framework

1. The WHO Constitution and many World Health Assembly resolutions provide a clear mandate for collaboration and coordination with other organizations. Partnerships are also a strategic direction in WHO's current eleventh General Programme of Work and Medium-Term Strategic Plan.
2. Collaboration is further guided by international agreements and policies related to partnerships, e.g. the Millennium Development Goals, the Rome (2001) and Paris (2005) declarations on aid effectiveness, the Accra Agenda for Action (2008) and the current United Nations reform. All these international agreements and processes shape WHO's daily work and translate into WHO documents and policies on both global and regional levels. In addition, WHO has developed internal strategies and guidelines on collaboration with individual partners, civil society, the private sector and research institutes.
3. The WHO Regional Office for Europe has been and will continue to be committed to building strong partnerships in the field of health in the European Region. For many decades, the framework for working in partnerships was provided by the Health for All framework and policy, with its 38 targets, updated in 1998 by the Health 21 policy; together, these provided a practical vision of and a guide to health improvements based on explicit values. Over the past 10 years, the Regional Office's partnership work has been guided by the partnership components of its country strategy "Matching services to new needs" (2000) (1), the European health systems strategy (2005) (2), the paper outlining the *future of the WHO Regional Office for Europe* (2006) (3) and the Tallinn Charter (4).

Objective of partnerships for health

4. Partnerships are a crucial element of the Regional Director's proposals for a European health policy (5), for strengthening health governance in the WHO European Region and for developing the Regional Office as a centre of public health excellence in order to achieve "Better health for Europe". In addition, partnerships help to create synergies and complement the different actors' know-how, use resources more efficiently, avoid duplication of efforts and reduce the administrative constraints. Therefore, the Regional Office's future strategy on partnerships for health will be driven by the vision and overall goal of improving the social well-being and health of people in the Member States by increasing the effectiveness of national and international health interventions and setting up effective mechanisms for collaboration to this end.

Role of WHO in partnerships for health

5. WHO, as the United Nations specialized agency for health, is the "directing and coordinating authority on international health work" (6). Its main functions are: to provide leadership and engage in partnerships in the area of health; to shape the research agenda and stimulate the generation, translation and dissemination of valuable knowledge; to set norms and standards for health and monitor their implementation; to formulate and articulate evidence-based health policies and programmes; to provide technical support to countries and build capacities; and to monitor and assess health trends (7).

6. In addition, WHO's legitimacy stems from its close relations with Member States and its recognized neutrality and impartiality. It has an explicit global health mandate and strong convening power (7). The global health mandate is one of WHO's strongest assets when it comes to partnerships, since this is of benefit to many of the international and national health actors.

7. Therefore, in relation to these functions and within its sphere of responsibility, the Regional Office is unique in that it combines three dimensions of legitimacy in health: formal/legal authority as an organization of sovereign states that can set norms and standards; "output legitimacy" based on technical excellence and public health innovation and foresight; and moral authority. The Regional Office's partnership appeal also lies in its strength of being able to serve as a bridge between countries, between the western and the eastern parts of the Region, and between different sectors. The Office also has long experience in advocating and striving towards value-based governance and promoting its broad vision of public health (3).

Partners¹

8. The Regional Office has traditionally worked with many partners. Following the geopolitical changes in the European Region at the end of the 1980s, the Office increased its emphasis on partnerships, focusing in particular on collaboration and relations with the European Commission, the Council of Europe, the World Bank, sister agencies of the United Nations system and bilateral development agencies, particularly in the context of emergency humanitarian assistance and assistance to countries.

9. Since then, the Office has institutionalized such partnerships with key health stakeholders in the European Region. Collaboration has been strengthened institutionally at regional and country levels, through for example basic cooperation agreements, memoranda of understanding and exchanges of letters. The aim has been to progressively strengthen cooperation with selected partners, in order to provide stronger and more coherent services to Member States. Over the past 10 years, partnerships have been reinforced at regional level with the European Union (EU); the Council of Europe, the World Bank, the Organisation for Economic Co-operation and Development (OECD), and health-related organizations of the United Nations family, particularly the United Nations Joint Programme on HIV/AIDS (UNAIDS) and the United Nations Children's Fund (UNICEF). Partnerships were also strengthened with development agencies such as the United Kingdom's Department for International Development, Germany's technical cooperation agency, GTZ, and those of the Nordic countries.

10. In recent years, WHO has also increasingly highlighted the crucial role that partnerships can play in country-based work, especially in the context of policy developments, applications for and implementation of health development grants, and strengthening of the health governance function at country level. This has required, building relations with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the GAVI Alliance; as well as with other country-based partners and nongovernmental organizations (NGOs) around the provision of technical assistance in the context of GFATM and GAVI grants to countries.

¹ The table "Key partners currently working with the WHO Regional Office for Europe" (Annex 1) provides an overview of a large number of partners that the Office is working with.

11. The development of partnerships with NGOs and private sector entities was addressed less proactively at the corporate level. Nevertheless, the Regional Office's technical units have continued to identify and work with a large number of regional and national NGOs.

12. The Office's current partners, drawing on the successful and close relationships of the past, will be maintained, further developed and consolidated. Furthermore working with new partners, as required by the Regional Director's proposals for adapting the WHO Regional Office to meet the changed European health context and achieve "Better health for Europe", will need to be the implicit aim of the Regional Office's future partnerships efforts. Both old and new partnerships will need to be reviewed and consolidated, taking into account the issues identified below.

Developments of significance for partnerships in the European Region

13. The international health scene has changed considerably over the past 10 years. Climate change and globalization, the rapid spread of communicable diseases and pandemics, and the recognition of the close links between health and development, of the impact of socioeconomic determinants on health, and of health as a key determinant of economic growth have all helped to put health higher on the political agenda than ever before. Globally, resources for health development have more than doubled in recent years and many new and diverse partners have emerged.

14. The WHO European Region has not been immune to these global developments and is facing its own region-specific challenges, mainly linked to, firstly, the diversity within the Region in economic, social and health status and, secondly, the increasing number of partners working in health or a health-related area in the European Region. These developments have brought many opportunities and challenges and underline the need for strengthened coordination among partners.

Regional diversity

15. The 53 WHO Member States in the European Region are at very different stages of social and economic development: there are 30 high-income, 12 upper-middle, 8 lower-middle and 3 low-income countries.² The gross domestic product per capita ranges from US\$ 87 000 to US\$ 600, and spending on health from US\$ 5521 to US\$ 67 (8). This is mirrored by the rankings in the human development index, with Member States in the Region ranked between 1 and 127 out of 182 countries assessed (9). Moreover, of the 24 members of the OECD Development Assistance Committee (DAC), the largest providers of official development assistance (ODA), 18 are WHO Member States in the European Region and the European Commission. At the same time, 18 Member States in the European Region are ODA recipients (10). Nine countries are nontraditional/emerging donors, some of which are still in need of and receiving external assistance.³

² As defined in the World Bank country classification (<http://data.worldbank.org/about/country-classifications>).

³ United Nations Development Programme definition of "emerging donors": Bulgaria, Croatia, Czech Republic, Hungary, Romania, Russian Federation, Slovakia, the former Yugoslav Republic of Macedonia and Turkey.

16. Member States in the European Region are members of various political structures and alliances and that, in turn, influences their role and behaviour within WHO in the Region. Forty-eight are members of the Council of Europe, 23 are members of OECD, 27 are members of the EU, 11 are members of the Commonwealth of Independent States, 6 join the meetings of the G20, about 6 hold decisive positions in the governance bodies of the International Monetary Fund and the World Bank, 5 are members of the Shanghai Cooperation Organisation and 3 are permanent members of the United Nations Security Council.

17. Populations in the Region suffer from a double burden of disease through re-emerging and new communicable diseases; and a growing burden of noncommunicable diseases within a progressively ageing European population. Some eastern European countries are facing a triple burden of disease, where infectious diseases persist, together with increasing levels of noncommunicable diseases and high levels of violence and injury (11). Additional challenges throughout Europe are: growing inequities, increasing labour migration, and increasing economic and political pressure on public spending, compounded by the recent global economic downturn and its continued effect in Europe.

18. The need to significantly strengthen health systems and health care and health protection services, especially in many of the eastern European countries, is a key factor that ministries and other governing bodies need to address to improve the health of their populations. Sometimes poor quality systems and services contribute to poor health and premature death, and high maternal and infant mortality. Poverty levels and population segments living in poverty are on the increase, denying people access to the basic conditions for health such as proper nutrition, safe water and decent housing.

19. One organization alone can not tackle these challenges. The Regional Office for Europe will therefore aim for coordinated action with partners to achieve better health for Europe as set out in the Regional Director's proposals to the Regional Committee (5). This will require strengthening existing partnerships and identifying and forging new partnerships, especially those that will be crucial to implement the Regional Director's vision while ensuring an equitable division of labour. The Regional Director's proposals for "Better health in Europe" point to the importance of capitalizing on the diversity of the Region to serve all Member States in both the west and the east of the Region. The way forward could be a combination of twinning and grouping countries with similar health status and/or needs. to facilitate the assistance provided to countries in addition to the tailor-made country support and inter-country activities with country implementation. In all cases, the starting point should be the countries' own national health plans and strategies.

More potential partners

20. Over the past four decades, the number of global and regional health bodies has grown. They include agencies within the United Nations framework; global health partnerships; the EU and its institutions; large private sector entities and foundations; and NGOs. The partners and groups of partners identified below are of particular relevance in the European Region.

The EU and its institutions

21. The policy and regulatory influence of the EU has both widened beyond its geographical borders and also deepened and expanded to cover an increasingly wide range of matters, including health-related ones. Of the 53 WHO Member States in the European Region, 27 are members of the EU, 4 are members of the European Economic Area, 6 are either candidates or potential candidates to the EU and 7 others maintain particular relations with it in the context of its Neighbourhood Policy.

22. With regard to public health, the EU's mandate and roles have also evolved significantly over the past years, as demonstrated, for instance, by the adoption of the EU health strategy 2008–2013 and the establishment of several health-related EU agencies. The ratification and entry into force of the Lisbon Treaty (12) confirmed this evolution and have further expanded the possible scope of EU health policy. As defined in article 168 of the Treaty, the role of the EU is now defined as covering the following areas: the improvement of public health; the prevention of physical and mental illness and diseases; the obviating of sources of danger to physical and mental health; the reduction of drugs-related health damage; the fight against the major health scourges; and the fight against serious cross-border health threats.

23. The above developments provide a unique opportunity to further strengthen the existing collaboration between the EU and the WHO Regional Office for Europe. At the start of 2010, current cooperation between the Office and the European Commission and some EU health-related institutions was reviewed. The analysis revealed a significant level of cross-fertilization and a broad range of interactions in both policy dialogue and technical collaboration, at the European as well as country levels. Some overlaps and duplications were identified. Also, there were some missed opportunities for exchange and coordinated action, especially at country level.

24. A renewed partnership between EU institutions and WHO based on a clear division of labour would be of significant value for countries and for the two organizations. Creating synergies between the EU's regulatory role and WHO's convening power has great potential for increasing implementation, not only in the EU member states but in all 53 countries in the WHO European Region. In this context, a proposal to further strengthen the partnership between the European Commission and the WHO Regional Office for Europe is elaborated in paragraphs 57–60 and in annex 2.

Towards one United Nations system

25. The United Nations is undertaking a number of reforms to improve its management and coordination processes. At country level, examples of recent reform initiatives are the Common Country Assessment, the United Nations Development Assistance Framework (a strategic programme framework for United Nations country teams), the strengthening of the United Nations Resident Coordinator system⁴; and the “One UN” approach – a coordinated line of action for all United Nations organizations represented in one country – all of which aim to align and harmonize United Nations activities in strategic, budgetary and operational terms. To provide stronger support structures for effective and strategic work by the United Nations at country level, regional mechanisms, regional directors' teams and quality support mechanisms have been set up.

26. Over the years, WHO has entered into numerous global commitments, elaborated in World Health Assembly resolutions that call on the Organization to contribute to United Nations reform efforts at all levels, and international treaties such as the Paris Declaration (13).

⁴ The Resident Coordinator system encompasses all organizations of the United Nations system dealing with operational activities for development, regardless of their formal presence in the country. Resident coordinators, who are funded and managed by the United Nations Development Programme, lead United Nations country teams in more than 130 countries and are the designated representatives of the Secretary-General for development operations.

Within the Chief Executives Board,⁵ WHO participates in global United Nations reform policy-setting and the production of guidance at global level.

27. In line with the above, the cooperation among United Nations agencies is being strengthened at regional and country levels. In the European Region, in the case of the former this is being done in the context of the recently established regional United Nations reform processes. At country level, WHO country offices work with a wide range of stakeholders and participate actively in health-related country initiatives and actively participate in or lead United Nations country team theme groups in health, environment and/or emergencies.

28. The United Nations launched the “Delivering as One” pilot initiative in 2007. The eight pilot countries (one of which is in the WHO European Region) are making reforms based on four principles: one leader, one budget, one programme, and one office. The exercise has already helped to align programmes and funding more closely to national priorities. It has strengthened government leadership and ownership. It ensures that governments have access to the experience and expertise of a wider range of United Nations organizations to respond to their national priorities.

29. The One UN Programme and similar United Nations coordination mechanisms provide an opportunity for WHO to also promote the health agenda and to contribute meaningfully to the joint work of the United Nations and Member States at country level.

Sub-regional networks relevant to health

30. There are a number of networks that are based on country groupings that facilitate collaboration in the European Region. They include the Union for the Mediterranean; the Commonwealth of Independent States; the Northern Dimension Partnership in Public Health and Social Well-being; the Stability Pact for South Eastern Europe; and the Black Sea collaboration groups. The WHO Regional Office for Europe is already working with some of the above, and will review and identify the added value and comparative advantage for each network that it decides to join, while avoiding duplication of work in Member States.

Global health partnerships

31. The recent increase in new collaborative mechanisms such as networks and partnerships for health reflects political and financial commitment to health. Global health partnerships have been established to raise visibility and provide common platforms for joint work by combining the strength of public and nonstate organizations and civil society (14). Their function and mission range from raising and distributing financial resources for certain interventions and coordinating the actions of many partners to focusing on research and capacity strengthening. In the European Region, some of the major global health partnerships include the Stop TB Partnership, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, the Roll Back Malaria Partnership and the Global Health Workforce Alliance.

32. WHO has been involved in the creation of many global health partnerships, including those above, recognizing the importance of building coalitions around common ground. The Organization’s engagement includes hosting such partnerships in its organizational structures, engaging in their governance structures, providing leadership on technical and health systems approaches, joint planning with partners, providing technical support to countries and increasing

⁵ The United Nations System Chief Executives Board for Coordination furthers coordination and cooperation on a whole range of substantive and management issues facing the United Nations system.

coordination between partners. In all of the above, WHO's prime considerations are to support and ensure country ownership, especially through alignment with national health plans and strategies.

33. The increased international and national commitment, resources and expertise which global health partnerships have brought in certain areas of health are of great benefit to better health in Member States. Over the past years, many lessons on the opportunities and limitations of these partnerships have been learned, and they will feed into shaping the directions for further partnership development in the European Region.

Private sector and philanthropic foundations

34. The health agenda covers all sectors of society, including the private sector: commercial entities, organizations representing commercial enterprises, and philanthropic foundations. The private sector produces goods and services related to health, employs the majority of the world's population and shapes and influences ideas, behaviours and policy-making. In many countries, health systems are characterized by a mix of public and private financing, and private providers outnumber the public ones. Numerous private foundations have also started to engage in health sector development, mainly in lower-income countries.

35. WHO's involvement with the private sector has been limited, mainly in order to protect the Organization's neutrality and values, except for a small number of private foundations that are major donors to WHO, such as the Bill and Melinda Gates Foundation. However, there are examples which show that private sector partnerships, when managed properly, provide great opportunities to leverage health promotion, influence policy and provide technical collaboration. The biggest challenge in WHO's relations with the private sector will be to find a balance between safeguarding WHO's neutrality (especially with regard to policy-making) and taking advantage of the opportunities offered by private sector collaboration in terms of expertise, research capacity, outreach, advocacy and generating resources. Ways of working with the private sector should be assessed, with a clear description of whether and how increased interaction could have a positive impact on WHO's goals, and how we can best guarantee WHO's neutrality and the public interest.

36. In Europe, WHO continues to dialogue with the private sector at regional and national levels, e.g. in the areas of pharmaceuticals, nutrition, environment and health, and many normative issues such as quality, access, product pricing and information. The current global guidelines, which the Regional Office follows, on relations with commercial enterprises (2001) (15) reflect this approach. These guidelines are currently being reviewed and updated.

Collaboration with civil society

37. Greater knowledge and understanding about health and the links to poverty, equity and development have widened the range of WHO's partners. Civil society or NGOs have been involved in public health and health care provision for many centuries, but the diminishing involvement of the state in the public sphere and their growing role in service provision have given them a greater influence on policy development and in ensuring fulfilment of local and national commitments. They offer different perspectives from a wide range of stakeholders and provide additional institutional, technical and financial capacities to the health sector in reaching out to key vulnerable groups. This makes NGOs important partners of WHO at all levels.

38. The Regional Office has worked with civil society organizations for many years. The objectives of WHO's relations with NGOs are to promote the Organization's policies, strategies and activities and, where appropriate, to collaborate with NGOs in jointly agreed activities to implement them. To date, the Office has followed WHO's global policy on NGOs (16) when

dealing with formal processes or in the case of WHO high-level/political events. This policy mainly deals with WHO's formal accreditation process ("NGOs in official relations") and, as a formal process, has its limitations for staff in facilitating relations with regional and national NGOs. Despite this, technical units in the Regional Office continue to identify and work with a large number of regional and national NGOs based on technical needs, even when they are not yet in official relations with WHO.

39. The critical factor for a more productive and responsive partnership with civil society organizations is gaining an understanding that, while their health objectives may be the same, the reach and mechanisms of civil society organizations and WHO, although different, can be mutually reinforcing. It is clear that civil society is a very important and useful partner whose outreach ability is essential to improving health, especially that of vulnerable populations. A mutual understanding of each side's methods of work and motivation, gained through policy discussions and an organizational strategy, can provide the basis for more joint work and policy formulation.

The way forward

40. Collaboration with other stakeholders and actors in health to build partnerships is a core function of the Organization and is vitally important for development and implementation of the European health policy and for achievement of regional health goals. However, partnerships do not just happen naturally, even between stakeholders with similar interests, mandates and values. Each stakeholder has its own structures and governance, and these can be barriers to be overcome if formal partnerships are to be developed. The division of labour and individual roles are not always as clear in reality as in theory. Common goals and strategies must be sought by negotiation; limits on action must be accommodated.

41. The issues presented in this paper provide much ground for discussion. In addition to high-level commitments, they need concrete suggestions for short-term and long-term action that can realistically be achieved by the Organization and its partners in the current environment of complexity and lack of resources.

42. The immediate action in a way forward for the Regional Office is the development of a strategy for partnerships for health in the European Region and, as part of the strategy, the further strengthening of relations with the EU. A draft strategy on partnerships for health (taking account of the comments made at RC60) will be presented to RC61.

Key elements of a strategy for partnerships for health in Europe

43. A partnerships strategy must be based on a clear understanding of the role and responsibilities of WHO and the other partners involved, their relevance for the European Region, and a common vision of what needs to be achieved in health. The Regional Office, together with the Member States and its partners, will work to establish such a new pan-European health policy, a policy that will be both an inspiration and a guidance for all Member States and a wider range of stakeholders. Agreement on such a vision will provide both the background and the bond for future partnerships for health in the European Region.

44. The European partnership strategy will also be in line with, and take into consideration, internationally agreed goals, WHO global strategies, developments in the reform within the United Nations system, and the commitments made under the Paris Declaration and the Accra Agenda for Action.

45. Some of the main elements of the European strategy are outlined below.

Focus on strategic partnership-building

46. The Regional Office will pursue a proactive and coherent approach to facilitate strategic partnership-building, including systematic monitoring and evaluation. Criteria for the selection of partners and priorities for implementation of partnership agreements, as well as their nature, need to be identified. The criteria for selection could include common health values, goals and objectives, maximization of support to Member States, fostering increased regional health sector investments, added value to WHO priority areas, a strategic planning and performance framework, and the adaptability of partners. To this end, the strategy will consider the policy paper on partnerships submitted to the Sixty-second World Health Assembly (17). The paper presents eight conditions, to be applied through a decision tree, to guide WHO's decision-making on when and how to engage in partnerships and collaborative arrangements, and how to revise and, in some cases, terminate the collaboration. This and the discussions at RC60 will inform the development of the overall strategy that will be presented to RC61.

Review and strengthen relations with partners

47. The Regional Office will review and consolidate its current key partnerships and initiate renewed collaborative efforts, taking into consideration the challenges and opportunities of the European health environment. Legal partnership agreements with many of the Office's key partners will also be discussed and updated to strengthen them when they are next due for renewal.

48. Discussions to this end with the European Commission were initiated early in 2010, and a joint vision statement has been developed that strengthens the partnership and makes it more strategic (see paragraphs 57–60 and Annex 2). Furthermore, the Regional Office will initiate proposals to extend the scope of the existing collaboration with its traditional partners in the European Region: OECD and the United Nations Economic Commission for Europe. A review of the partnerships with UNICEF, UNAIDS and the World Bank is also planned, in particular with regard to providing support for the development of national plans and strategies at country level. The technical collaboration with the United Nations Environment Programme and the International Organization for Migration will be consolidated, considering the importance of the link between the environment and health and migration and health, and recent international commitments in these areas. The partnership with the Council of Europe will also be reviewed following the latest discussion during its Health Committee meetings and the Member States' call for more substantial collaboration.⁶ Finally, considering the increasingly complex funding structures of the Global Fund and the required country support, the Regional Office will aim to achieve greater coordination and a clearer division of labour with the Global Fund through a regional agreement to complement and strengthen those that exist in some countries.

49. The Regional Office will also be looking into the regional coordination mechanisms related to the United Nations reform in order to define a meaningful engagement and to strengthen relations with other regional representations of United Nations sister agencies, such as the United Nations Development Programme in Bratislava and UNICEF in Geneva.

⁶ European Health Committee, October 2009, anniversary session.

Strengthen partnerships at country level

50. The overall aim must be added value and tangible and real benefits to Member States from the regional and country-level partnerships. Therefore the ultimate focus for building regional-level partnerships should be on their usefulness and effectiveness at country level, for example, in supporting country offices in developing partnerships on the ground and participating meaningfully in coordination mechanisms at country level. Most importantly, one of WHO's main tasks is to assist the national authorities in formulating national plans and priorities, and working in coordination with partners in the countries to ensure that activities are aligned with those plans and priorities.

51. These are not easy tasks for WHO country offices, which are usually relatively small and only have the head of country office looking after partnerships, along with his or her many other tasks. The Regional Office has already started a review of the country offices in order to strengthen them and enable them to take a more strategic approach. The review will also cover the back-up required from the Regional Office, the relevant skill mix of the country office staff, and resources.

52. As the review proceeds in the coming months, the Regional Office will examine the operation and usefulness of WHO's work in countries and country offices and also opportunities for partnership-building. It will be necessary to identify the exact needs of the country, or possibly groups of countries (e.g. countries with a large number of development partners, EU Neighbourhood countries, EU accession countries) and provide tailored assistance and enable peer support. Mechanisms for priority country selections could be set up, while partnership development will need to be more firmly based on the Regional Office's country work planning and reporting cycle. The back-up support for countries may also require stronger coordination from within the Regional Office and the one-off development of common tools for adaptation and use by and in countries.

Define regional policy for more strategic relations with NGOs and the private sector

53. There is also a need to promote separate policies and guidance for relations with NGOs and the private sector in the Region. Within the "One WHO" approach, a regional perspective will need to be developed to facilitate partnership-building in the European Region.

54. An internal WHO review of collaboration between technical units and NGOs in Europe has concluded that collaboration at a technical level is working well but that it lacks a structural and coherent approach to how NGOs can work more closely with WHO and Member States, especially at policy level. Issues that need to be looked at in this regard include how NGOs can be better integrated in the governance structures, and how they can be given a greater voice and more recognition than at present. Possible ways include organizing policy-level dialogue for NGOs or with the involvement of NGOs, as well as setting up regional accreditation of civil society organizations. This would be fully in line with the current global *Principles guiding relations with nongovernmental organizations*.

55. With regard to private sector relations, there is general agreement that WHO's values and neutrality, as well as the public interest, should be protected under all circumstances and in all its relations with partners and Member States. For that reason, partnership-building with the private sector, especially commercial enterprises, has been limited and will always be under scrutiny. In line with the new global initiative of the Director-General, the Regional Office will begin to develop guidance and create relations with the private sector for the benefit of the health of the European population. In this process, examples and best practices from other regional offices and United Nations organizations will also be reviewed.

56. Partnerships, resource mobilization and communication activities are very strongly linked and need to be strengthened in parallel. Effective partnerships and resource mobilization will also depend on the capacity to communicate the role, added value and, most importantly, the achievements of partnerships.

Further strengthen relations with the EU

57. Strengthening relations with the EU will start by building on the historically very strong relations with the European Commission, based on the exchange of letters in 2001, and with the European Centre for Disease Prevention and Control (ECDC), based on the Memorandum of Understanding of September 2005. Strengthening relations with the EU overall will be one of the major components of the future partnerships strategy; however, strengthening relations with the European Commission has been initiated from early 2010. The areas that have been discussed for development with the Commission include jointly promoting and orienting research in public health, modernizing and integrating public health information systems and building up a stronger health security system in Europe. Working together will also foster common actions to address the challenge of noncommunicable diseases and to tackle the social determinants of health and inequalities in health.

58. This process with the European Commission has been initiated by building on existing collaboration and identifying specific flagship initiatives. These initiatives have been developed jointly between the Directorate General for Health and Consumers, the European Centre for Disease Prevention and Control (ECDC) and other relevant directorates-general and agencies with an impact on or interest in health.

59. Suggestions for specific flagship initiatives include:

- building **one health security system** to protect Europe;
- building **one health information system** to inform Europe (in collaboration with other relevant agencies e.g. OECD);
- building European-level cooperation to share and exploit identified **good practices and innovations**, for smart, sustainable and inclusive growth;
- bringing the European research community together in order to jointly identify, advocate and resource **key research priorities** to maintain Europe's cutting edge in research at the forefront of health development;
- building a coalition of **different sectors to tackle health inequalities** and social determinants, in order to improve Europe's health today and that of **future generations** (starting with the specific areas of tobacco, alcohol and obesity, in collaboration with the environment and education sectors);
- jointly making the case for **investing in health** through efficient use of resources, disseminating evidence and best practices (to mitigate the effects of the economic crisis and to prepare Europe to take advantage of the economic upturn when it arrives);
- strengthening **in-country cooperation** through joint advocacy, improved information exchange for priority-setting and donor coordination, sharing health assessments, identification of capacities and training needs.

60. The above jointly developed proposals consolidate the very considerable existing collaboration with the European Commission from a project-based approach to a more strategic approach, and are encapsulated in "A shared vision for joint action" (see Annex 2).

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Annex 1. Key partners currently working with the WHO Regional Office for Europe⁸

Partner institution	Main collaborator/level of collaboration within partner institution	Key areas of collaboration	Mechanisms of collaboration
European Union (EU)			
European Commission	<p>Directorate-General (DG) for Health and Consumers (SANCO)</p> <p>Collaboration with other DGs, e.g. Research, Environment, EuropeAid Cooperation Office (AIDCO), Joint Research Centre</p>	<ul style="list-style-type: none"> - Human resources - Access to medicines and health care services - Immunization advocacy - Tobacco control - Obesity and physical activity - Blood safety - Patient safety - Food safety, nutrition and food hygiene education - Sanitary control - Communicable diseases - Pharmaceuticals - Injury prevention - Harm reduction - Occupational health - Climate change - Environment and health - Indoor air quality - Health inequalities and social determinants of health - Preparedness and response to health threats - Health strategy development - WHO support to follow-up to the European Commission (EC) communication “Solidarity in health” (COM(2009) 567 final) - WHO/EC equity 	<ul style="list-style-type: none"> - Exchange of letters (2001) - High-level dialogue between senior officials - Joint programme of work/platform/projects - Country cooperation - Collaborative multipartner projects - Research projects - Direct advisers to specific programmes - Participation in steering committees/meetings - Networks - Working groups and high-level groups

⁸ It is no easy matter to give a full picture of the extent of cooperation between the WHO Regional Office for Europe and its partner institutions. The Secretariat would therefore welcome amendments or corrections to the information presented in this Annex.

Partner institution	Main collaborator/level of collaboration within partner institution	Key areas of collaboration	Mechanisms of collaboration
		<ul style="list-style-type: none"> project - Water and sanitation facilities 	
	DG for Humanitarian Aid (ECHO)	<ul style="list-style-type: none"> - Disaster risk reduction 	<ul style="list-style-type: none"> - Regional and local coordination
Other health-related EU institutions			
European Centre for Disease Prevention and Control (ECDC)	High/technical/country level	<ul style="list-style-type: none"> - Surveillance and development of a single European reporting system, and coordination of joint responses to health threats and vaccine-preventable diseases (VPD) - Implementation of the International Health Regulations (2005) - Technical areas: airborne diseases, VPD, sexually transmitted and blood-borne diseases, environmental diseases, antimicrobial resistance and nosocomial infection, travel-related health issues - Patient safety and blood safety threats 	<ul style="list-style-type: none"> - Memorandum of Understanding (2005) - Joint Coordination Group - Annual collaboration plan - Exchange/secondment of staff - Development of joint methodology and assessment tools - Expert opinion in consultation papers - Continued work on developing a joint VPD reporting system for Member States - Joint field visits, particularly for investigations and response in connection with VPD and foodborne diseases outbreaks - Collaborative development and publication of technical manuscripts - Presentations by ECDC at workshops as part of activities under biennial collaborative agreements with countries (BCAs) - WHO participation at annual meeting of the EU food and waterborne diseases network
European Medicines Agency (EMA)	Technical level	<ul style="list-style-type: none"> - Norms and standards in medicines regulation - Expert support - Evaluation of medicines dossiers for regulatory authorities of developing countries at their request 	<ul style="list-style-type: none"> - Consultative meetings - Technical support by EMA experts to WHO global regulatory work - Regulatory assessments by EMA - Joined participation in the meetings/conference calls

Partner institution	Main collaborator/level of collaboration within partner institution	Key areas of collaboration	Mechanisms of collaboration
European Food Safety Authority (EFSA)	Technical level	<ul style="list-style-type: none"> - Joint meetings 	<ul style="list-style-type: none"> - Joint symposia/workshops, collaboration meetings - Exchange of risk assessments - Presentations by EFSA as part of BCA activities
European Environment Agency (EEA)	Technical level	<ul style="list-style-type: none"> - Environment and health - Climate change and health 	<ul style="list-style-type: none"> - Contacts and exchanges - Joint publications - Joint expert committees
European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)	Technical level	<ul style="list-style-type: none"> - Drugs and alcohol - Health in prisons 	<ul style="list-style-type: none"> - Memorandum of Understanding - Development of papers, guidelines, etc. - Participation in meetings - Joint Steering Group for Prisons and Health
Occupational Health and Safety Administration (OHSA)	Technical level	<ul style="list-style-type: none"> - Occupational health 	<ul style="list-style-type: none"> - Agreement on collaboration at working level (June 2008) - Participation in meetings - Activities in candidate and potential candidate countries for membership of the EU - Sharing resources - Development of a common platform for good practices - Joint implementation of World Health Assembly resolution WHA60.26 on workers health and the European Commission Strategy on Health and Safety at Work
EU Presidency	Relevant focal point in the Ministry of Health	<ul style="list-style-type: none"> - Various technical areas, depending on the priority of the Presidency - Immunization advocacy 	<ul style="list-style-type: none"> - Preparing briefing notes on patient safety - Participation in recent consultation on transplantation - Meetings of EU Government Chief Nursing Officers - WHO/EURO country workplans (e.g. Spain) - EU country workplans

Partner institution	Main collaborator/level of collaboration within partner institution	Key areas of collaboration	Mechanisms of collaboration
Intergovernmental organizations			
Council of Europe	Secretariat of the European Health Committee(CDSP); European Directorate for the Quality of Medicines and Health Care (EDQM); Pompidou Group	<ul style="list-style-type: none"> - Health information and health promotion - A large number of technical areas - Blood safety and transplantation 	<ul style="list-style-type: none"> - Exchange of letters (2001) - Joint programmes - Network/Steering Group - Membership of expert committees - Observer status at meetings of Permanent Correspondents of the Pompidou Group and CDSP
World Bank	Health Sector Lead for Europe and central Asia Region	<ul style="list-style-type: none"> - Health strategy and policies - Health systems - Health financing and accounts - Health reform - Avian influenza and pandemic preparedness - Road safety - Food safety - VPD – technology exchange and media advocacy - Prevention and control of noncommunicable diseases (NCD) - Climate change and health 	<ul style="list-style-type: none"> - Collaborative projects - Support to health care reform at country level, including financing reform - Joint expert groups - Joint missions; exchange of information at country and regional level - GAVI Alliance joint regional working group - Global Development Learning Network
Organisation for Economic Co-operation and Development (OECD)	Directorate for Employment, Labour and Social Affairs, Health Division	<ul style="list-style-type: none"> - Health systems in OECD countries - Health data in OECD countries - Environment and health - Climate change and health - Quality of care and patient safety - Nutrition and obesity 	<ul style="list-style-type: none"> - Exchange of letters (1999) - Collaborative projects - Information platform - Working groups on indicators - High-level dialogue between senior officials
International Organization for Migration (IOM)	Geneva headquarters, Brussels representation Technical level	<ul style="list-style-type: none"> - Migrants health - Occupational health of migrants 	<ul style="list-style-type: none"> - Memorandum of Understanding at global level (2005) - Joint projects, input to publications - Joint meetings and shared inputs to meetings - Joint country work

Partner institution	Main collaborator/level of collaboration within partner institution	Key areas of collaboration	Mechanisms of collaboration
Northern Dimension: Partnership in Public Health and Social Well-being (NDPHS)	NDPHS Secretariat Occupational Health Expert Group	<ul style="list-style-type: none"> - Improving primary care - Immunization advocacy - Various public health issues, including alcohol - Occupational health 	<ul style="list-style-type: none"> - Standing expert group with regular meetings (twice a year) - Implementation of NDPHS Strategy for Occupational Health and Safety
Baltic Sea Network for Occupational Health and Safety (BSNOHS)	Technical level	<ul style="list-style-type: none"> - Occupational health 	<ul style="list-style-type: none"> - Capacity-building in occupational health - Development of occupational health systems
Nordic Council of Ministers		<ul style="list-style-type: none"> - Violence prevention 	<ul style="list-style-type: none"> - Support for Nordic-Baltic workshop on family violence prevention
Council of Baltic Sea States			<ul style="list-style-type: none"> - Future collaboration planned
Asian Development Bank	Technical and country level	<ul style="list-style-type: none"> - Maternal and child health - Immunization advocacy - Climate change and health 	<ul style="list-style-type: none"> - Memorandum of Understanding at country level - Annual collaboration plan at country level - Coordination meetings - Grant proposals - Exchange of information on climate change
Shanghai Cooperation Organisation (SCO)		<ul style="list-style-type: none"> - Immunization advocacy 	<ul style="list-style-type: none"> - Grant proposals
G 20	High level	<ul style="list-style-type: none"> - High level advocacy on relevant topics 	
United Nations			
United Nations Children's Fund (UNICEF)	<p>Regional Office for Central and Eastern Europe/Commonwealth of Independent States (CIS) Countries Technical level</p> <p>Staff members and members of the United Nations Interagency Group on Young People's Health (IAG)</p>	<ul style="list-style-type: none"> - Humanitarian assistance - Information, publication and advocacy strategies - VPD prevention and control - Immunization and healthy child development - Maternal, child and adolescent health - Infant feeding and nutrition - Children with intellectual disabilities - Injury and violence prevention, including road traffic injuries 	<ul style="list-style-type: none"> - Joint missions/training/media events - Coordination meetings - Joint reporting on immunization - UN Interagency Group on Young People's Health (IAG) - GAVI Alliance joint regional working group - Child rights and protection - Young people and HIV/AIDS

Partner institution	Main collaborator/level of collaboration within partner institution	Key areas of collaboration	Mechanisms of collaboration
Joint United Nations Programme on HIV/AIDS (UNAIDS)	Collaboration at all levels of the Organization	<ul style="list-style-type: none"> - Recommendations on HIV/AIDS prevention and control - HIV/AIDS statistics - Reproductive, maternal and child health 	<ul style="list-style-type: none"> - Joint publications - High-level dialogue - Programmatic collaboration - Declarations
United Nations Development Programme (UNDP)	UNDP country representatives, Regional Centre for Europe and CIS	<ul style="list-style-type: none"> - United Nations Millennium Development Goals - Interagency contingency planning - Health and development statistics - VPD prevention and control - Control of malaria, tuberculosis and HIV/AIDS epidemics - Water governance - Waste management - Climate change and health 	<ul style="list-style-type: none"> - Country-based United Nations coordination platforms - Joint publications - Grant Committee meeting and proposals - Cluster system - Joint missions and country projects - Technical assistance to the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) at country level - Joint missions and activities
United Nations Population Fund (UNFPA)	Regional and country level	<ul style="list-style-type: none"> - <i>Entre Nous</i> – the European magazine for sexual and reproductive health - Human rights: young people’s access to health services - Young people’s awareness of sexual and reproductive health and HIV/AIDS - Reproductive health services - Safe motherhood. Antenatal services and emergency obstetric care - Maternal mortality and morbidity 	<ul style="list-style-type: none"> - Joint programmes/projects/publications - Joint workshops and coordination meetings - Joint missions/activities/audit - Reports and information-sharing - Youth-friendly health centres at country level - Policy review
United Nations Office on Drugs and Crime (UNODC)	Technical collaboration at regional and country levels	<ul style="list-style-type: none"> - Prison health - Harm reduction - Violence prevention 	<ul style="list-style-type: none"> - Joint programmes/projects - Data sharing

Partner institution	Main collaborator/level of collaboration within partner institution	Key areas of collaboration	Mechanisms of collaboration
United Nations Economic Commission for Europe (UNECE)	Technical collaboration at regional level	<ul style="list-style-type: none"> - Transboundary air pollution - The Transport, Health and Environment Pan-European Programme (THE-PEP) - Protocol on Water and Health - Health statistics/data harmonization and exchange 	<ul style="list-style-type: none"> - Joint programmes/projects - Memorandum of Understanding - Parma Declaration - Joint administration of projects, programmes and protocols
United Nations Environment Programme (UNEP)		<ul style="list-style-type: none"> - Health-related aspects of the Convention for the Protection of the Marine Environment and the Coastal Region of the Mediterranean - Climate change and health 	<ul style="list-style-type: none"> - Joint projects and publications - Joint expert teams - Parma Declaration
Office of the United Nations High Commissioner for Refugees (UNHCR)		<ul style="list-style-type: none"> - Refugees health 	<ul style="list-style-type: none"> - Visits/meeting - Joint missions and surveys
Food and Agriculture Organization of the United Nations (FAO)		<ul style="list-style-type: none"> - Codex Alimentarius - Food safety 	<ul style="list-style-type: none"> - High-level dialogue between senior officials
International Labour Organization (ILO)		<ul style="list-style-type: none"> - Occupational health at regional and country level 	<ul style="list-style-type: none"> - Joint implementation of ILO conventions and World Health Assembly resolutions on workers' health - Participation in meetings - Development of joint national profiles on occupational health and safety
International Atomic Energy Agency (IAEA)		<ul style="list-style-type: none"> - Programme of action for cancer therapy 	
United Nations Foundation	European Region	<ul style="list-style-type: none"> - VPD prevention and control 	<ul style="list-style-type: none"> - Grant award - Joint advocacy initiatives
World Food Programme (WFP)	Technical level	<ul style="list-style-type: none"> - Food security and nutrition monitoring 	

Partner institution	Main collaborator/level of collaboration within partner institution	Key areas of collaboration	Mechanisms of collaboration
Public-private partnerships/Global health partnerships			
GAVI Alliance	GAVI secretariat and technical staff	<ul style="list-style-type: none"> - VPD - Health systems 	<ul style="list-style-type: none"> - Technical support to countries in development of grant applications, implementation and evaluation - Support to multi-year planning - Liaison with GAVI and technical guidance - GAVI Alliance joint regional working group with UNICEF and World Bank
Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM)	Global Fund secretariat	<ul style="list-style-type: none"> - AIDS, tuberculosis, malaria - Health systems - Blood safety 	<ul style="list-style-type: none"> - Technical support in development of grant applications, implementation and evaluation - Technical exchange and guidance
UNITAID	Secretariat	<ul style="list-style-type: none"> - AIDS, tuberculosis and malaria medicines 	
International Health Partnership (IHP+)	WHO headquarters and World Bank joint secretariat of IHP	<ul style="list-style-type: none"> - Donor coordination 	<ul style="list-style-type: none"> - Joint secretariat function of WHO headquarters and World Bank
International Development Association		<ul style="list-style-type: none"> - Avian influenza 	
Bilateral agencies			
United States Agency for International Development (USAID)/Office of United States Foreign Disaster Assistance (OFDA)	Regional	<ul style="list-style-type: none"> - Poliomyelitis eradication – surveillance and monitoring - Tuberculosis/HIV infection - Avian influenza - Disaster response and recovery 	<ul style="list-style-type: none"> - Grant award - Local coordination - Joint tuberculosis programme at country level - Coordination meetings - Exchange of information
Centers for Disease Prevention and Control (CDC)	Regional	<ul style="list-style-type: none"> - Immunization, surveillance - HIV/AIDS - Climate change and health - Avian influenza 	<ul style="list-style-type: none"> - Grant award - Joint missions, training events and technical policy and guideline development - Joint expert groups - Strengthening of influenza surveillance, including laboratory network and border sanitary points at country level

Partner institution	Main collaborator/level of collaboration within partner institution	Key areas of collaboration	Mechanisms of collaboration
Swedish International Development Cooperation Agency (Sida)	Regional Tajikistan	<ul style="list-style-type: none"> - Technical support to GFATM - Immunization advocacy - Health strategy - Health reforms at country level 	<ul style="list-style-type: none"> - Grant proposals - Joint activities at country level
Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)	Regional	<ul style="list-style-type: none"> - Knowledge hubs - Immunization advocacy - Capacity-building and control of tuberculosis at country level - Hospital care improvement - Safe motherhood, maternal health care - Accreditation of health facilities and certification of health care personnel 	<ul style="list-style-type: none"> - Coordination meetings - Grant proposals - Annual collaboration plan at country level - Joint prioritization - Use of WHO guidelines
Norwegian Agency for Development Cooperation (Norad)	Regional	<ul style="list-style-type: none"> - Immunization advocacy 	<ul style="list-style-type: none"> - Grant proposals
United Kingdom Department for International Development (DFID)	Regional	<ul style="list-style-type: none"> - Immunization advocacy 	<ul style="list-style-type: none"> - Grant proposals
Canadian International Development Agency (CIDA)	Regional	<ul style="list-style-type: none"> - Immunization advocacy 	<ul style="list-style-type: none"> - Grant proposals
Swiss Development Agency for Cooperation (SDC)		<ul style="list-style-type: none"> - Emergency medicine - Health care reforms at country level 	<ul style="list-style-type: none"> - Training activities at country level - Joint activities and information exchange
Danish International Development Assistance (Danida)	Regional	<ul style="list-style-type: none"> - Immunization advocacy 	<ul style="list-style-type: none"> - Grant proposals
German Federal Environment Agency (UBA)		<ul style="list-style-type: none"> - Small-scale water supplies - Noise and health 	<ul style="list-style-type: none"> - Protocol implementation - Knowledge base for cardiovascular effects of environmental noise
Nongovernmental partners			
Aga Khan Foundation	Regional	<ul style="list-style-type: none"> - Immunization advocacy 	<ul style="list-style-type: none"> - Grant proposals

Partner institution	Main collaborator/level of collaboration within partner institution	Key areas of collaboration	Mechanisms of collaboration
International Federation of Red Cross and Red Crescent Societies (IFRC)	Euro Zone office in Budapest; Headquarters in Geneva Country level	<ul style="list-style-type: none"> - Social determinants of health - Emergencies - Immunization - Tuberculosis - Blood safety 	<ul style="list-style-type: none"> - Global and regional Memoranda of Understanding - Contribution of volunteer efforts in support of national immunization campaigns - Social mobilization
International Committee of the Red Cross (ICRC)	Regional	<ul style="list-style-type: none"> - Health in prisons 	<ul style="list-style-type: none"> - ICRC member of the WHO Steering Group for Prisons and Health
Rotary International		<ul style="list-style-type: none"> - Poliomyelitis 	<ul style="list-style-type: none"> - Joint projects, advocacy
Open Society Institute (OSI)/Soros Foundations Network		<ul style="list-style-type: none"> - Injecting drug users and prisons in Russian Federation 	
Bill and Melinda Gates Foundation	Via WHO headquarters, regional	<ul style="list-style-type: none"> - Communicable diseases - Drug resistance - Immunization quality and safety 	<ul style="list-style-type: none"> - Grant award for staff support - Drug resistance study at country level
AIDS Foundation East-West		<ul style="list-style-type: none"> - HIV/AIDS - Harm reduction - Health in prisons 	<ul style="list-style-type: none"> - Joint projects and advocacy - Participation in WHO Steering Group for Prisons and Health
South Eastern Europe (SEE) Health Network		<ul style="list-style-type: none"> - Communicable diseases - Mental health - Noncommunicable diseases - Blood safety - Public health service 	<ul style="list-style-type: none"> - Joint projects and advocacy - Council of Europe and WHO Regional Office for Europe co-hosted the SEE Health Network's secretariat until 2009
South Eastern European Network for Workers' Health		<ul style="list-style-type: none"> - Occupational health 	<ul style="list-style-type: none"> - Capacity building for basic occupational health services (BOHS) - Development of national strategies and action plans
European Forum of National Nursing and Midwifery Associations and WHO	Regional	<ul style="list-style-type: none"> - Nursing - Immunization 	<ul style="list-style-type: none"> - Joint projects and advocacy
International Centre for Prison Studies		<ul style="list-style-type: none"> - Health in prisons 	<ul style="list-style-type: none"> - Collaboration on documents - Participation in the WHO Steering Group for Prisons and Health

Partner institution	Main collaborator/level of collaboration within partner institution	Key areas of collaboration	Mechanisms of collaboration
KNCV Tuberculosis Foundation		<ul style="list-style-type: none"> - Tuberculosis - Health in prisons 	<ul style="list-style-type: none"> - Collaboration on documents, projects and meetings - Member of the WHO Steering Group for Prisons and Health
Sainsbury Centre for Mental Health		<ul style="list-style-type: none"> - Health in prisons 	<ul style="list-style-type: none"> - Collaboration on documents, projects and meetings - Member of the WHO Steering Group for Prisons and Health
Lumos		<ul style="list-style-type: none"> - Mental health 	<ul style="list-style-type: none"> - Coordinating network of nongovernmental organizations on behalf of WHO
Mental Health Foundation		<ul style="list-style-type: none"> - Mental health 	<ul style="list-style-type: none"> - Partner and co-funder
European Federation of Associations of Families of People with Mental Illness (EUFAMI)		<ul style="list-style-type: none"> - Mental health 	<ul style="list-style-type: none"> - Co-organizer of conference, and strong partner in project groups
European Forum for Primary Care (EFPC)	Secretariat	<ul style="list-style-type: none"> - Primary health care 	<ul style="list-style-type: none"> - Annual conference - Discussion paper and expert groups - WHO as expert/reviewer/evaluator
European network of International Planned Parenthood Federation (IPPF)		<ul style="list-style-type: none"> - Reproductive health - Adolescent health - Gender 	<ul style="list-style-type: none"> - Joint projects and advocacy - Joint meetings
World Vision		<ul style="list-style-type: none"> - Maternal and child health 	<ul style="list-style-type: none"> - Joint meetings and coordination at country level
Care International		<ul style="list-style-type: none"> - Maternal and child health 	<ul style="list-style-type: none"> - Joint meetings and coordination at country level
European Society of Contraception and Reproductive Health (ESC)		<ul style="list-style-type: none"> - Reproductive health - Adolescent health - Gender 	<ul style="list-style-type: none"> - Joint meetings - Joint publications
European Federation of Sexology (EFS)		<ul style="list-style-type: none"> - Sexual and reproductive health 	<ul style="list-style-type: none"> - Joint activities - Capacity-building
American Austrian Foundation (AAF)	Via WHO headquarters	<ul style="list-style-type: none"> - Injury and violence prevention 	<ul style="list-style-type: none"> - Hosting of training workshops - Capacity-building
Bloomberg Philanthropies	Via WHO headquarters	<ul style="list-style-type: none"> - Road safety - Tobacco 	<ul style="list-style-type: none"> - Joint projects and advocacy

Partner institution	Main collaborator/level of collaboration within partner institution	Key areas of collaboration	Mechanisms of collaboration
European Public Health Association (EPHA)	Regional	- Immunization	- Immunization advocacy - Monthly newsletter
March of Dimes	Regional	- Rubella elimination	- Grant proposals
Rostropovich-Vishnevskaya Foundation	Subregional (Commonwealth of Independent States)	- VPD prevention and control - Immunization advocacy	- Support of national immunization programmes - Grant proposals
Health and Environment Alliance (HEAL)		- Environment and health - Climate change and health	- Common projects and co-publications in environment and health - Awareness-raising
World Federation for Medical Education (WFME)	Regional	- Human resources for health - Medical education	- Joint projects, advocacy
Realizing Rights/Global Health Development program	Regional	- Human resources for health - Health workforce rights	- Advocacy, joint meetings

Annex 2.

European Commission and WHO Regional Office for Europe: A shared vision for joint health action

Draft 07/05/2010

Introduction

Developments in recent years have underlined the importance of international cooperation in the area of public health. Globalization, with increases in the movement of people, goods, services and information, and the attendant increases in health risks and unhealthy lifestyles, not to mention the impacts of economic recession, have demonstrated that international action is needed. The European Commission (EC) and the regional body of the World Health Organization (WHO) are strong actors in the area of global health, and cooperation between these two bodies harbours the potential of better and more efficient delivery of good health and of health services to millions of people. The purpose of this vision document is to outline the framework for the future cooperation between the EC and the WHO Regional Office for Europe in view of more efficient and effective collaboration in the area of public health.

Relations between the EC and WHO are governed by an exchange of letters of 14 December 2001. This exchange strengthened the existing framework and arrangements for cooperation between WHO and the EC, and also outlined the objectives, priorities, areas of cooperation, as well as the procedures, activities and practical arrangements for its implementation. Since then, WHO and the EC have established, with varying degrees of success, operational working arrangements between the EC and WHO offices at global, regional and country levels.

At the European level, the WHO Regional Office for Europe and the EC have also had long-standing and strong cooperation but hitherto there have been no formal arrangements between the two entities, and the operational working arrangements have been formulated in regular Senior Officials' Meetings. Furthermore, this extensive cooperation and collaboration has been based on projects and initiatives, rather than a strategic vision.

The moment is right, at the beginning of the terms of office of the new Commission and the new WHO Regional Director for Europe, for the relations between the two organizations to enter a new phase, with a vision set out for raising the existing cooperation to the strategic level for the terms of their mandates. The new vision will have the aim of marking the beginning of a more strategic partnership that is already strong and fruitful but needs to be further strengthened to bring new health gains to all countries and people in the 53 countries of the WHO European Region.

The timing is right also in view of the entry into force of the Lisbon Treaty. We are confident that a reinforced European Union (EU) with its own legal personality and strengthened external representation will contribute to further intensifying cooperation between our organizations.

The EC and WHO share the same values and the same principles for action. We have common goals. We have worked well together across a wide range of policy areas on various topics in many countries. However, in view of the challenges Europe is facing, there is an obvious need to scale up our activities and further develop complementarities and synergies, and to spread the benefits of our interventions to all people in the European Region. More specifically, we need to work together to provide and ensure the fastest possible dissemination of scientific evidence, data and information, thereby enabling assessments and comparisons that can guide policy-making. We also need to work to provide counsel and technical assistance and build up capacity, as well as to support, complement and coordinate the actions of WHO Member States

in the European Region, wherever and whenever needed, and to help bridge local and national with European and global levels.

To do so, we shall maintain and further foster our policy dialogue, technical cooperation on health-related matters and our joint work at country level. Recognizing that health needs to be addressed in all policies, we shall endeavour to work together across traditional sector boundaries, engaging in partnerships with all sectors and stakeholders.

Key challenges and issues

Health is a core asset, central to the overall well-being of Europeans. Health is also a key sector for the European economy, representing about 10% of gross domestic product and employing about 10% of the European work force. Health is a driving force for innovation. However, countries across the European Region are facing major challenges that have an impact on health, such as the implications of globalization, the short- and long-term effects of the economic crisis on our health systems, demographic and sociological changes and rapid technological development. Although knowledge of, evidence on and experience in health, public health and health systems are vast, their translation into practice remains slow and uneven.

Challenges also exist in the way we work together. The overview of our existing cooperation reveals significant and positive interactions in areas such as the European Strategy for Tobacco Control, the European Charter on Counteracting Obesity or with the work done on environment and health. There are also initiatives on joint data collection and on various topics with the European Observatory on Health Systems and Policies.

However, there is a manifest need to do more and to do it better, especially with regard to our cooperation at the country level. At the same time, there are numerous overlaps and duplication of efforts, for example in data and information sharing and in interventions on core health issues.

There is a need to increase complementarities and to develop new synergies through our strategic partnership and vision in a number of flagship areas, and we have identified a number of key areas where enhanced cooperation can bring particular benefits to citizens and countries in the Region.

Innovation and health

Health is a sector open to innovation. It harbours the potential to constantly translate scientific advances into concrete benefits for citizens and into productivity of health systems in general. European-level cooperation in this area of health would provide enormous added value for innovation, enabling us to learn from concrete examples elsewhere in Europe. Cooperation in this area is in line with the EU's vision outlined in the EC Communication entitled *Europe 2020: A strategy for smart, sustainable and inclusive growth*.

It should be noted that innovations in one part of Europe are not taken up elsewhere in the Region as quickly and widely as they could or should be. In this context, countries need more practical support for knowledge-sharing on health at European level. The EC and the WHO Regional Office for Europe will work together to improve support to and bring countries together for identification, evaluation and application of good practices and innovations. In line with the EU's 2020 strategy, there will a particular focus on areas of key added value such as e-health, pandemic preparedness, tobacco and research cooperation. We will also bring the European research community together in order to jointly identify, advocate and resource key

research priorities, with the view of maintaining Europe's cutting edge in research at the forefront of health development.

Health security

The EC and the WHO Regional Office for Europe will join forces in order to gradually develop a uniform and efficient surveillance and alert system, using the same case definitions and methods for data collection and analysis as well as quality assurance. To allow for quick and efficient response across the Region, we will jointly encourage and support countries to join the information platforms on epidemic intelligence and response. We will support all European countries in strengthening their overall preparedness and response capacity. The EC and the European Centre for Disease Prevention and Control will work together with the WHO Regional Office for Europe to help European countries assess and improve their response systems, as well as their communication on major public health events. The threats of antimicrobial resistance and especially multidrug resistance call for a greater and better coordinated effort throughout the entire European Region and beyond.

Modernizing and integrating the public health information system

Information and evidence for health policy- and decision-making in Europe is vital. Inter-country comparisons add a unique dimension to a country's own efforts and have proven to be very effective in pinpointing areas for public health action, at both European and country levels. This requires joint work to provide a common basis of information and evidence to ensure both the efficiency of our work and its effectiveness.

Users of health information expect answers to questions about health at European level to be consistent, regardless of the source. Different answers to the same question undermine the credibility of both the Commission and WHO. Working in partnership on the common collection and provision of information also reduces the burden on countries and makes best use of limited resources. We will therefore strengthen our cooperation in order to work towards a single integrated information system for health in Europe. This can build on existing cooperation, including expanding the use of shared data collection, collaborative analysis of health issues and generation and dissemination of knowledge in support of health policy.

Investing in health

All European countries – to varying degrees – are affected by the ongoing economic crisis, which has and will have major and long-lasting implications on public finances and consequently on the countries capacities to finance health.

The economic crisis has had a bigger impact on the growth rate of European economies in Europe than elsewhere, and health budgets are under increased scrutiny and pressure. Therefore, more than ever, it will be necessary to get more value and health for money. In the present context, where no real increase in health funding may be expected, it will be crucial to assess, identify and disseminate information on the most cost-efficient practices, and technologies, as well as obsolete practices and consequently to help governments adapt health funding allocations and health care organization and delivery, including diagnosis and treatment.

We shall therefore work to assist countries to make the most efficient use of available resources, disseminating evidence and best practices on how to protect health budgets, maximize health returns on health and non-health investments and help orient public spending towards the most effective and efficient interventions. In this way, we hope not only to protect health now but also to ensure that communities and economies are ready and able to take advantage of the economic upturn when it arrives.

Health inequalities

Health inequalities among and within countries across Europe and concerns about their negative consequences for social cohesion and economic development are real and serious. We shall work together to better monitor inequalities in health (including by producing more disaggregated data), raising awareness, promoting and assisting exchange of information and knowledge between European countries, identifying and spreading good practices and facilitating design of tailor-made policies for the specific issues prevailing in European countries. We shall also monitor and evaluate the progress in the application of such policies.

A better future for our children

We would like to bring the debate on healthy lifestyles to schools. It is fundamentally important to give our children the best possible means to protect their health and avoid risks. We will work together with different sectors to improve the health of today's Europe and that of future generations, starting with specific areas such as tobacco, alcohol and obesity, but also continuing to work in related areas. In particular, we will work in the education sector to ensure strong progress in schools and other venues where children and young people spend time, in order to protect the health of Europe's youth.

Strengthening in-country cooperation

We see strong potential and synergies to be gained by reinforcing cooperation between EU delegations in third countries and the WHO country offices. Such cooperation can take many forms, including, but not limited to, policy dialogue with the host country where we can achieve better results through joint advocacy on shared priorities, improved information exchange for priority-setting and for donor coordination, sharing of health assessments, identification of capacities and training needs. Experience has shown that a one-size-fits all approach will not work and that we need to adapt to the varying needs, capacities and strategic goals among countries and regions.

The way forward

We will work together to agree on specific objectives and priorities for our cooperation in the European Region and to define clear road maps for joint and complementary actions based on the annual work programmes of each organization.

These road maps will be discussed and monitored in an improved format of our regular Senior Officials' Meetings, which will be made more action- and results-oriented. We will develop a programme of information and exchange, in order to increase our respective staff's knowledge and understanding of the other organization's mandates, roles, responsibilities, policies, constraints and ways of working.

A particular and coordinated effort will be made to work together more effectively in order to develop, support and complement the European Health Policy. We will work together across other sectors with a "health in all policies" approach. Effort will be made to improve our cooperation at the country level. We will work towards building stronger relations between EC and WHO representations in countries, through sharing of information and working together towards improving the relevance and quality of health sector assessments, as well as advocacy and recommendation to countries.

As part of our shared commitment to full transparency and accountability, we plan to monitor the cooperation operationally, as well as strategically. We will analyse what works and what does not, and we will agree on common key indicators for the proven added value of our shared work, together rather than individually and in parallel with one another. The results of our agreement will be evaluated in 2013 and again in 2015.

In 2013, we will report on the progress achieved in the long-term strategic vision of our partnership and ask our stakeholders and partners for further directions and guidance.