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**The objectives, principles and modalities
for continued cooperation between
the European Commission and
the WHO Regional Office for Europe**

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Challenges for health and well-being

2. Contemporary public health challenges are complex and interlinked. Addressing them at all levels – individual, institutional, community, local or national – requires strategic and coordinated initiatives to integrate and ensure coherence between the many different sectoral policies, which are relevant to keep individuals and populations healthy (research, humanitarian aid and development cooperation, foreign affairs, employment, food, energy, housing, social, education, industrial, trade, economic and health policies).

3. Both the WHO Regional Office for Europe and the European Commission have taken actions, within their respective responsibilities to address current health challenges.

4. The Health 2020 strategy,¹ a value- and evidence-based framework for health, adopted by the WHO Regional Committee for Europe in 2012 emphasizes the political, professional and civil society engagement needed to ensure health improvement and the reduction of health inequalities, within a whole-of-society and whole-of-government approach.

5. “Health in all policies” is a basic principle enshrined in Article 168 of the Treaty on the Functioning of the European Union (TFEU), which specifies that “A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities”. This principle is reflected in the EU Health Strategy “Together for Health”² approved in 2007.

6. Therefore, both the Health 2020 strategy and the EU Health Strategy recognize the need for an active and consistent dialogue and coordinated action among all sectors to promote policy coherence for health.

7. Within this broad agenda for health and well-being, the role of efficient and effective public health actions for health promotion, disease prevention and health protection cannot be underestimated.

¹ Health 2020: a European policy framework and strategy for the 21st century. Copenhagen: WHO Regional Office for Europe; 2012 (<http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/publications/2013/health-2020.-a-european-policy-framework-and-strategy-for-the-21st-century-2013>).

² Together for health: a strategic approach for the EU 2008–2013. Brussels: Commission of the European Communities; 2007 (COM(2007) 630 final; <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52007DC0630&from=EN>).

8. Building and sustaining a quality health system, including a health information component, remains a core task and a duty of every government. By creating healthy environments and investing in health systems, health promotion and disease prevention as well as addressing lifestyle related risk factors, local and national communities increase the quality of life and life expectancy of people, diminish the pressure on public budgets and contribute to the economy as a whole.

9. In addition, increased mobility of people (and diseases), goods, services, information, and the increasing expectations of citizens, as well as the consequences of climate and environmental changes have compounded the demands on health systems and required changes in public health policy-making.

Reinforcing cooperation

10. With this background, the European Commission and the WHO Regional Office for Europe recognize that their continued enhanced cooperation aims at addressing these challenges, at overcoming traditional sector boundaries in health policy development, and at pursuing policy coherence, as outlined in their respective strategic documents and explained above.

11. The exchange of letters of 14 December 2001³ set out the framework for cooperation between the European Commission and the World Health Organization as well as its objectives, priorities, areas of collaboration, procedures, activities and practical arrangements for its implementation. This framework remains valid. The cooperation arrangements provided for in that exchange of letters are regularly reviewed at annual Senior Officials Meetings.

12. In September 2010 the European Commission and the WHO Regional Office for Europe made a Joint Declaration⁴ on how they planned to work together and in which priority areas during the period 2010–2014. This was aimed at structuring the cooperation to contribute to improve the health of Europeans.

13. The two institutions intend to further enhance their technical cooperation and dialogue aiming at identifying and developing effective actions to ensure that health concerns are taken into account as part of the policy developments in other policy areas.

14. They also remain committed to promoting the exchange of information, and to coordinating work in non-EU European countries, through the collaboration of the relevant units at the WHO Regional Office for Europe and in the Commission. This cooperation should take into account the local context and the respective role of the two institutions.

15. The European Commission and the WHO Regional Office for Europe wish to continue their engagement for effective dissemination of scientific evidence, data and information of relevance for health policies, thereby facilitating assessments and comparisons that can help policy-making. The two institutions intend to continue to

³ Exchange of letters between the World Health Organization and the Commission of the European Communities concerning the consolidation and intensification of cooperation. Official Journal of the European Communities. 2001:C 1/04;1–7 (http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.C_.2001.001.01.0007.01.ENG).

⁴ European Commission and WHO Regional Office for Europe Joint Declaration. Copenhagen: WHO Regional Office for Europe; 2010 (Annex 2 in EUR/RC60/12 Add.1 Partnerships for Health, http://ec.europa.eu/health/eu_world/docs/moscow_declaration.pdf).

exchange information on their respective actions and projects in order to increase complementarity and thus ensure a maximal synergy of efforts.

Key areas for cooperation

16. The WHO Regional Office for Europe and the European Commission have cooperated effectively over the last years across a wide range of policy areas and in particular on those areas identified in the 2010 Joint Declaration, such as health security, research and development (R&D), noncommunicable diseases, health inequalities, health systems and health information. Achievements from 2010–2014 have been reported on our respective websites. In the period 2015–2019, the two institutions intend to maintain and expand their cooperation in these areas as specified below.

Innovation and health

17. Cost-effective social and technological innovation in health is of crucial importance for bringing a better, more effective, efficient and higher quality health service to citizens. The synergy between health and innovation policies could achieve remarkable results if we spread the use of cost-effective technologies in Europe and bring different countries together in sharing their innovations in a faster and simpler way. European-level cooperation on innovation in health provides added value for countries willing to learn from concrete examples from elsewhere in Europe. Therefore, the European Commission and the WHO Regional Office for Europe endeavour to continue to encourage knowledge- and innovation-sharing at the European level. They intend to continue to work together in facilitating identification, application and evaluation of good practices across European countries. Cooperation could include areas such as, for example, e-health, and health technology assessment as well as rapid dissemination of results of research and their application and translation into health practices.

Health security

18. Public health emergencies – such as communicable diseases outbreaks, pandemics, emerging or re-emerging diseases, antimicrobial resistance, natural or man-made disasters, and humanitarian emergencies with health consequences – all call for resolute joint action and efficient coordination between the WHO Regional Office for Europe and the European Commission. The 53 Member States of the WHO European Region have developed significant but uneven surveillance and response capacities. Progress has been made in standardizing surveillance indicators and producing joint reports with the European Centre for Disease Prevention and Control. The European Commission and the WHO Regional Office for Europe endeavour to further establish the uniform disease surveillance and alert system in the Region, taking advantage of new tools for disease surveillance, reporting, data analysis and risk assessment. They intend to support countries of the WHO European Region in strengthening their overall preparedness and response capacities in an all-hazards approach, within the framework of the International Health Regulations (IHR),⁵ the EU Decision on serious cross-border

⁵ International Health Regulations (IHR) [website]. Copenhagen: WHO Regional Office for Europe; 2015 (http://www.who.int/topics/international_health_regulations/en/).

threats to health,⁶ and the recently launched European Medical Corps initiative,⁷ which will be the EU's contribution to the Global Health Emergency Workforce.

Modernizing and integrating the public health information system

19. Robust, high quality and comparable data are essential to improve health outcomes and health systems. The European Commission and the WHO Regional Office for Europe endeavour to continue to collaborate with each other and with the Organisation for Economic Co-operation and Development (OECD) on information related to public health and health systems; in particular, in relation to the achievement of harmonization of health indicators. In this context, the European Commission remains engaged in the European Health Information Initiative (EHI)⁸ and its six elements, led by the WHO Regional Office for Europe, including the development of information for health and well-being with a focus on indicators, improved access to and enhanced dissemination of health information, capacity building, strengthening of health information networks, support for health information strategy development, and communications and advocacy. The WHO Regional Office for Europe remains engaged in the Commission's efforts in setting up a sustainable EU Health Information System, including a more formalized governance of health indicators, collection and analysis of country specific information, and establishing a sustainable solution for providing technical and scientific support for health information in the EU. Both institutions aim at creating favourable conditions allowing the Member States to take decisions on health indicators leading to as high a level of integration as possible under the respective legal, financial and governance systems; this should be based on existing indicator systems, including the European Core Health Indicators (ECHI),⁹ Health 2020 indicators,¹⁰ among others. The two institutions intend to continue to collaborate through this cooperation process as a vehicle to arrive at coherent and complementary health information reporting in the European Region. The European Commission and the WHO Regional Office for Europe through this cooperation process endeavour to reduce the burden put on Member States in terms of data collection and reporting.

Health inequalities

20. Social and economic inequalities are deepening within and between countries in Europe partly as a consequence of the recent economic crisis, which affected many European countries. The negative impacts of this trend are detrimental for social cohesion and economic advancement. Increasing investments in preventive measures, strengthening public health capacity and advancing social protection policies could contribute to reversing this trend. In addition to this, the particular context affecting groups at risk of vulnerabilities including Roma,

⁶ Decision No 1082/2013/EU of the European Parliament and of the Council of the European Union of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98/EC. Official Journal of the European Union. Brussels: European Commission; 2013 (L 293/1; http://ec.europa.eu/health/preparedness_response/policy/decision/index_en.htm).

⁷ The European Medical Corps is part of the European Emergency Response Capacity, set up under the EU Civil Protection Mechanism (http://ec.europa.eu/echo/files/aid/countries/factsheets/thematic/emergency_response_capacity_en.pdf#View=Fit).

⁸ European Health Information Initiative. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/data-and-evidence/european-health-information-initiative>).

⁹ European Core Health Indicators (ECHI) [website]. Brussels: European Commission; 2015 (http://ec.europa.eu/health/indicators/echi/index_en.htm).

¹⁰ Targets and indicators for Health 2020. Version 2. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/publications/2014/targets-and-indicators-for-health-2020.-version-2>).

migrants, as well as the specific nature of issues arising in relation to gender or lesbian, gay, bisexual, transgender and intersex (LGBTI) people – and also an ageing population – creates a context of complexity requiring coherent and coordinated responses. The WHO Regional Office and the European Commission wish to work together, under their respective responsibilities, in supporting governments to identify effective policy options for both the health and other relevant sectors to bridge the gap within and between countries and reduce health inequalities. They wish to promote the exchange of information and good practices among European countries. The European Commission and the WHO Regional Office endeavour to identify policy tools aiming at decreasing health inequalities.

Health systems strengthening

21. People-centred health systems and universal health coverage (UHC) lead to better and more equitable health outcomes, provide financial protection, social inclusion and, ultimately, better economic development and societal well-being. The link between and evidence for health, health systems and wealth is underpinned in the Tallinn Charter: Health Systems for Health and Wealth and the communication from the European Commission's on effective, accessible and resilient health systems (April 2014).¹¹

22. Health systems need to adapt to 21st century challenges such as ageing populations, the unfinished business of communicable diseases, e.g., multidrug-resistant tuberculosis, and the rise of noncommunicable diseases, increased patient expectations and new preferences, etc. At the same time, governments are under strong pressure to balance their budgets, and make their health systems more efficient, accessible and resilient. Health systems therefore need to be strengthened through improved services (e.g., integrated/coordinated care, better quality and access to care, appropriate and numerically sufficient health workforce, etc.) and technologies for better health outcomes, while being mindful of costs and the need to better allocate system resources.

23. The WHO Regional Office and the European Commission endeavour to exchange and cooperate on good practices on health systems performance assessment and integrated models of care. The productive collaboration in the field of human resources for health based on the EU Joint Action¹² and the WHO Global Code of Practice¹³ should continue.

Chronic diseases

24. Chronic/noncommunicable diseases are the primary cause of death and disability across the European Region: they impact heavily on health and social systems and on their cost for society. This burden, associated with the ageing of the European population, requires the effective and efficient integration of services and the development of innovative and cost-effective preventive strategies tackling the known and preventable exposure, ranging from poor diet to physical inactivity and alcohol-related harm, from environmental exposure to smoking. The shift from treatment to prevention and promotion is essential to ensure the long-term sustainability of the health and the whole welfare systems. The European Commission and the WHO Regional

¹¹ Communication from the Commission on effective, accessible and resilient health systems. Brussels: European Commission; 2014 (COM(2014) 215 final; http://ec.europa.eu/health/healthcare/docs/com2014_215_final_en.pdf).

¹² The Joint Action on Health Workforce Planning & Forecasting is funded by the Health Programme of the European Union (<http://euhwforce.weebly.com/>).

¹³ WHO Global Code of Practice on the International Recruitment of Health Personnel. Geneva: World Health Organization; 2010 (<http://www.who.int/hrh/migration/code/practice/en/>).

Office endeavour to continue to work together in the identification, promotion and implementation of policies and actions, within their respective competences, to address key health determinants such as inappropriate nutrition, lack of regular physical activity, harmful use of alcohol, and tobacco use, and to address chronic/noncommunicable diseases.

25. The WHO Regional Office for Europe and the European Commission intend to continue to collaborate through specific actions, frameworks, networks, and platforms developed by either partner. They intend to involve each other in their respective activities in the area of chronic, non-communicable diseases. In particular, collaboration on cancer, cardiovascular diseases, diabetes, healthy ageing, dementia and, in addition, possibly injuries and violence could be further explored.

Implementation and evaluation

26. The WHO Regional Office for Europe and the European Commission endeavour to continue strengthening cooperation in the coming years (2015–2019) in line with the issues addressed in the previous sections of this document thus building upon the challenges, principles and objectives identified in the 2010 Joint Declaration.

27. The Senior Officials Meeting should review annually the cooperation and set specific actions, concrete deliverables they should produce and the deadline for completing them. The two institutions also commit to convene regular horizon scanning meetings on specific public health areas between the relevant units to exchange information and discuss concrete aspects of their cooperation.

28. Full transparency and accountability of the cooperation process should be ensured through the posting of the relevant documents on the respective websites.

29. The collaboration described herein is without prejudice to the extensive technical cooperation that goes on in parallel across the board at the expert level between the two institutions at the global and regional levels.

30. In addition to the yearly planning and assessment of the collaboration carried out at the Senior Officials Meeting mentioned above, the Senior Officials meeting will review the objectives, principles and modalities for the cooperation in the second half of 2019.

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