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Leaving no one behind: report of the Regional Director on the work of WHO in the European Region in 2016–2017

This report highlights some of the most important work of the WHO Regional Office for Europe in 2016–2017 for better health in the WHO European Region.

In 2016–2017, the WHO Regional Office for Europe responded to current political and social challenges, while carrying out its activities within the new global framework of the United Nations 2030 Agenda for Sustainable Development. This required the Regional Office to continue and intensify the approach and strategic directions it had pursued since 2010, when the WHO European Region adopted the WHO Regional Director for Europe's new vision for health in response to changing circumstances and new challenges, and 2012, when it adopted Health 2020.

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Abbreviations

AMR	antimicrobial resistance
ASPHER	Association of Schools of Public Health in the European Region
BCAs	biennial collaborative agreements
CAESAR network	Central Asian and Eastern European Surveillance of Antimicrobial Resistance network
CDC	Centers for Disease Control and Prevention, United States of America
COSI	Childhood Obesity Surveillance Initiative
EACHR	European Advisory Committee on Health Research
ECDC	European Centre for Disease Prevention and Control
ECHO	European Commission Directorate-General for Civil Protection and Humanitarian Aid Operations
EECA	eastern Europe and central Asia
EHP	environment and health process
ELI	European TB Laboratory Initiative
EU	European Union
EVIPNet Europe	Evidence-informed Policy Network Europe
FAO	Food and Agriculture Organization of the United Nations
FIFA	Fédération Internationale de Football Association
GOARN	Global Outbreak Alert and Response Network
GDOs	geographically dispersed offices
GPG	Global Policy Group
HBSC study	Health Behaviour in School-aged Children study
HEPA Europe	European network for the promotion of health-enhancing physical activity
HEN	Health Evidence Network
IARC	International Agency for Research on Cancer
IHR	International Health Regulations
ILO	International Labour Organization
IOM	International Organization for Migration
IPV	inactivated polio vaccine
LQSI tool	Laboratory Quality Stepwise Implementation (tool)
MDR-TB	multidrug-resistant TB
NCDs	noncommunicable diseases
NGOs	nongovernmental organizations

NIS	newly independent States of the former USSR
OIE	World Organisation for Animal Health
OPV	oral polio vaccine
OECD	Organisation for Economic Co-Operation and Development
PHC	primary health care
PIP Framework	Pandemic Influenza Preparedness Framework
polio	poliomyelitis
RHN	Regions for Health Network
SCRC	Standing Committee of the Regional Committee
SDGs	Sustainable Development Goals
SEEHN	South-eastern Europe Health Network
TB	tuberculosis
TB-REP	TB Regional EECA Project
TEACH-VIP2	Training, Educating and Advancing Collaboration in Health on Violence and Injury Prevention version
THE PEP	Transport, Health and Environment Pan-European Programme
UHC	universal health coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	water, sanitation and hygiene
WHO FCTC	WHO Framework Convention on Tobacco Control

1. Better health for Europe: more equitable and sustainable

1. Health and well-being are at the heart of human development. We in the WHO European Region now have a wealth of knowledge on health and well-being, and evidence on the determinants of health and their interplay. We have the prospect, if we are determined, to extend the length and quality of human lives. We must recommit to these goals, applying the principles of equity and solidarity.

2. The Sustainable Development Goals (SDGs) and Health 2020, which are closely aligned, lead the way. Commitment is needed from politicians, policy-makers, professionals and the people of the Region. The issues before us present both an opportunity and a challenge: WHO is committed to achieving better health for Europe.

3. The good news is that we are succeeding. Our reviews of Health 2020 implementation show that we are on track towards a healthier Europe. Nevertheless, progress is uneven, and we have renewed our efforts to tackle these inequalities, as well as emerging issues.

4. Health is an essential component and driver of the SDGs, which reflect the complexity, as well as the multidimensional and multisectoral nature, of health and its determinants. The key strategic objectives of Health 2020 point the way forward, focusing on health policies and health systems for the 21st century, within the context of universal health coverage.

5. To achieve these, we have transformed the way we work. We have built synergies across sectors, mobilized communities and individuals, and engaged civil society by building consensus around the targets. We have striven to make a reality of whole-of-government, whole-of-society and health-in-all-policy approaches. We have expanded and deepened both our partnerships and efforts at all levels of governance, as they are vital for effective implementation. Working together, we are building better health for Europe: more equitable and sustainable, leaving no one behind.

Introduction

6. In 2016–2017, the WHO Regional Office for Europe changed its way of working to respond to current political and social challenges, while carrying out its activities within the new global framework of the United Nations 2030 Agenda for Sustainable Development. This required the Regional Office to continue and intensify the approach and strategic directions it had pursued since 2010, when the WHO European Region adopted the WHO Regional Director for Europe's new vision for health in response to changing circumstances and new challenges, and 2012, when it adopted Health 2020 as the framework for action to pursue more equitable and sustainable health in the Region. Previous reports on the Regional Office's work traced these processes. This report describes the Regional Office's renewed efforts, with countries and partners, to both spark and carry out broad intersectoral action on health and all its determinants.

7. This section describes the overarching themes of this work: unified intersectoral action on health and its determinants, carried out in partnership and using the life-course approach, the strengthening of health systems and the provision of high-quality information and evidence as the basis of effective policies and action; it illustrates these themes through the examples of important issues such as addressing migration and health and linking gender with rights and health determinants. Subsequent sections, addressing the other topic areas, further

develop these themes. The closer interweaving of the Regional Office's activities, carried out within a unified framework, impedes the separation of the various threads for discussion, so this report employs cross-references to link related content.

8. This report provides only a snapshot of some of the Regional Office's most important activities; the Regional Office website displays the whole breadth and depth of its work.

Greater need for broad intersectoral action on health and its determinants

9. The health situation in the WHO European Region and other challenges increased the need for broad intersectoral action on health and its determinants. Regional Office data showed that WHO strategies, implemented within the framework of Health 2020, worked, and that European countries used Health 2020 to give direction and coherence to their work for better health. Persisting health challenges and emerging political and social challenges, however, showed the need to make intensified efforts for more equitable and sustainable health.

10. In 2016–2017, Member States and the WHO Regional Office for Europe responded to both existing and emerging challenges by making new efforts to apply tools already proved to be effective in implementing Health 2020, within the framework of the 2030 Agenda for Sustainable Development and efforts to achieve its SDGs. The Regional Office made considerable progress in beginning to implement the Agenda and developed new tools for this task.

Health in Europe

11. The 2015 European health report described how the European Region was on track to reach the Health 2020 targets. Europeans continued to live longer and healthier lives than ever before; premature mortality was decreasing, and differences in life expectancy and mortality between countries were shrinking. The latest data indicated that life expectancy across the European Region was over 77 years, and healthy life expectancy, 68 years. Deaths from major NCDs in people aged 30–69 years were declining for both sexes, and almost all countries had shown an average annual decline of 2–3% in premature mortality since 2003. The Region's rate of infant mortality was the lowest ever: 6.7 per 1000 live births.

12. Nevertheless, this progress was uneven. Absolute differences in health status between countries and inequities within countries continued: for example, life expectancy ranged from 71 to over 83 years, and infant mortality from 2 to 22 deaths per 1000 live births. In addition, further action was needed to address all health determinants, including harmful behaviour. For example, protecting the Region's gains in life expectancy required current rates of smoking, alcohol consumption and obesity to decline substantially. Further, recent political and social challenges arising globally and within the European Region – including inequities in development, poverty, civil unrest, migration, terrorism, complex emergencies and climate change with extreme weather events – created new public health demands.

Evaluating past responses and integrating them into the new framework

13. In 2016–2017, the WHO Regional Committee for Europe both evaluated the success of the Region's efforts to implement two major efforts to secure better health – the European

Action Plan for Strengthening Public Health Capacities and Services and the policy framework Health 2020 – and welcomed WHO’s tools and further proposals to integrate the Health 2020 policy framework into the 2030 Agenda.

Implementation of Health 2020 and the public health action plan

14. The 2016 Regional Committee session evaluated the success of the Region’s efforts to implement Health 2020 and the European Action Plan for Strengthening Public Health Capacities and Services (see section 6). The progress report on Health 2020 implementation in 2012–2016 showed that the Regional Office had supported implementation by delivering a package of products and services, analysing public health situations and policy gaps, identifying assets, encouraging political commitment from heads of state, organizing dialogues and making recommendations on policy, and monitoring progress towards the Health 2020 targets and indicators. The Regional Office had helped countries to develop frameworks that addressed upstream determinants of health and health equity, to strengthen health and health information systems and to implement whole-of-government and -society approaches. All policy responses of the European Region and major events organized by the Regional Office had been aligned with Health 2020 and helped to advance its implementation; these included:

- WHO European strategies and action plans on, for example, nutrition, physical activity, healthy ageing, investing in children, food safety, noncommunicable diseases (NCDs), vaccines, tuberculosis (TB), the strengthening of nursing and midwifery, the health of migrants, refugees and asylum seekers; and
- ministerial conferences and other high-level meetings on, for example, NCD prevention and control, the life-course approach, the environment and health, and migration.

15. This work involved cooperation with a wide range of partners, such as other United Nations agencies, the European Union (EU) and its institutions; the Organisation for Economic Co-Operation and Development (OECD); global health partnerships, such as the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria; subregional networks and nongovernmental organizations (NGOs).

16. The Regional Office had assisted 25 Member States (Albania, Andorra, Armenia, Azerbaijan, Bulgaria, Croatia, Czechia, Hungary, Iceland, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Malta, Poland, Portugal, Romania, San Marino, Slovakia, Slovenia, Spain, the former Yugoslav Republic of Macedonia, Ukraine and Uzbekistan) in developing national health policies, and supported the development and implementation of subnational policies aligned with Health 2020 through the Regions for Health Network and the WHO Healthy Cities Network. The Regional Office published a report in August 2017 that showed even greater progress in implementation. Of the 43 countries in the Region reporting:

- 98% had policies in place to tackle health inequities and their social determinants and to improve health and well-being;
- 88% had defined targets or indicators for Health 2020;
- 93% had national health policies aligned with Health 2020;
- 86% had implementation plans; and
- 89% had accountability mechanisms in place.

17. According to the progress report on implementation of the European Action Plan for Strengthening Public Health Capacities and Services, the Regional Office had produced a range of publications to support Member States in developing policies to strengthen public health services, particularly the tool for the assessment of essential public health operations, which was available in English and Russian, and hard-copy and web-based versions. The Regional Office had supported a number of Member States in assessing their services and capacities. Partner organizations – such as the Association of Schools of Public Health in the European Region (ASPHER), the European Centre for Disease Prevention and Control (ECDC), the European Commission, EuroHealthNet, the European Observatory on Health Systems and Policies, the European Public Health Alliance, the European Public Health Association, the International Network of Health Promoting Hospitals and Health Services and various WHO collaborating centres – all played a catalytic role.

18. Member States had made significant progress in strengthening public health services, and found the Action Plan to be useful to both countries and the organizations that delivered the services. Nevertheless, there seemed to be a gap between the level of political commitment expressed and the resources allocated to strengthening public health services. The Action Plan had had low visibility in many Member States and its potential remained largely unrealized. The progress report made a number of suggestions for further support for implementation from the Regional Office (see also section 5).

19. Health 2020 propelled the WHO European Region into the future, equipping it with the tools required to achieve the health-related SDGs by quickly expanding whole-of-government approaches, improving health governance and moving toward universal health coverage (UHC). The Regional Office helped countries to identify common interests and pursue joint goals through intersectoral action at the international, national and subnational levels.

Implementing the 2030 Agenda

20. Health 2020 was the entry point for integrating the Agenda for Sustainable Development into both agreed and proposed national visions, strategies, plans and roadmaps. Relevant to all countries in the Region, the SDGs placed health and well-being for all, at all ages, at the centre of development as determinants, enablers and outcomes. Better health was needed to achieve many of the targets in all 17 SDGs, although only SDG 3 focused specifically on health. Like Health 2020, the 2030 Agenda called strongly for commitment at the highest political level; inclusive and participatory governance; and intersectoral action on health and all its determinants with whole-of-government and -society approaches, the consideration of health in all policies, a greater focus on equity (often described as leaving no one behind) and broad partnerships. The 2030 Agenda provided a unifying framework for all WHO's work, and renewed commitment and a more integrated and multisectoral approach to Health 2020.

21. All countries in the European Region started to work on localizing the 2030 Agenda. WHO's approach to achieving the SDGs involved action at all levels of the Organization. For example, the Global Policy Group (GPG – chaired by the WHO Director-General and comprising all WHO regional directors) discussed the SDGs, and their health targets were mapped against the implementation of the programme budget. European Member States played an active role at the 9th Global Conference on Health Promotion, held in China in November 2016, at which decision-makers, health promotion experts and ministers of

agriculture, development cooperation, finance, foreign affairs, health, planning and trade adopted the Shanghai Declaration, recognizing that health and well-being are essential to achieving sustainable development and committing themselves to promoting health through action on all the SDGs. Further, the WHO Director-General appointed a global coordination team comprising representatives of regional offices, including the WHO Regional Director for Europe, which prepared for the July 2017 meeting of the High-level Political Forum on Sustainable Development, the United Nations' central platform for follow-up and review of the 2030 Agenda and the SDGs. The forum reviewed SDG 3, among others, in depth.

22. In 2017, WHO took the SDGs as its starting point in drafting the Organization's Thirteenth General Programme of Work 2019–2023. The 2017 Regional Committee discussed the draft as a policy framework aligned with the SDGs, focusing on health policies and health systems for the 21st century, within the context of UHC. Senior WHO leaders from all levels of the Organization met at WHO headquarters in October–November 2017 to discuss the strategic directions and actions required to transform and strengthen WHO's work at the country level, in order to deliver the Thirteenth General Programme of Work. These activities fed into the development process, which would culminate in the 2018 World Health Assembly.

Action in the European Region

23. In the European Region, the WHO Regional Office for Europe both promoted and practised intersectoral action, creating new networks and repurposing existing ones. Like previous reports from the Regional Director, this report shows the Regional Office building on the robust relationships already established with key partners, seeking transformative partnerships to pursue the SDGs (see section 8).

Walking the talk: new WHO-led coalitions for health

24. At its May 2016 meeting, the United Nations Development Group (UNDG) Regional Team for Europe and Central Asia established the Issue-based Coalition on Health, led by the Regional Office, as one of six such coalitions. The Coalition is a pan-European mechanism to facilitate and promote the achievement of SDG 3 and the health-related targets of the other SDGs by coordinating the activities of United Nations organizations, and other intergovernmental organizations and partners. The Regional Office hosted the Coalition's first meeting in November 2016. The participants included representatives of the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Development Programme (UNDP) and the United Nations Office for Project Services.

25. As leader of the Coalition, the Regional Office organized high-level policy dialogues in Poland, Romania and Slovakia in 2016 and 2017, to support the development of voluntary national reviews to present to the United Nations High Level Political Forum; 22 European countries submitted such reviews during the biennium. It also supported and took part in mainstreaming, acceleration, and policy support missions. These missions visited Belarus and Turkmenistan in 2017 and planned to visit Albania, Bosnia and Herzegovina, Kyrgyzstan, Serbia, Ukraine and Uzbekistan in 2018.

26. The Coalition adopted five objectives for 2017–2019, and identified four areas of United Nations work for strong collaboration to support Member States – health throughout the life course, communicable diseases, UHC and migration – and lead agencies for each. A meeting of United Nations regional directors was held in December 2017 in Denmark to discuss the next steps. At the meeting, UNDG members acknowledged the need to work even more closely together than before. In addition, a regional working group was established to implement SDG 5 on gender equality and empowering women and girls (see section 5).

27. Finally, within the Coalition and with sister agencies, the Regional Office drafted a United Nations common position paper on ending TB, HIV and viral hepatitis in Europe and central Asia through intersectoral collaboration. To strengthen it, the Regional Office held an online consultation on the first draft from December 2017 to January 2018, seeking input from national and international partners, civil society organizations, patients, and communities affected by TB, HIV and viral hepatitis (see also section 4).

28. The Regional Office held a conference in Paris in December 2016, hosted by the Ministry of Social Affairs and Health of France, to strengthen cooperation between the health, education and social sectors in the WHO European Region, in order to secure better, more equal health and social outcomes for children and adolescents and their families. The good partnership established in the regional UNDG and regional coordination mechanism facilitated cooperation with partners for the Paris conference. Experts and representatives of Member States, international organizations – the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNFPA – and civil society agreed to establish a new platform for a transformative partnership between the health, education and social sectors to fulfil the 2030 Agenda for Sustainable Development, and requested that the conference become a standing event. In particular, ILO and WHO agreed to intensify their cooperation on social protection and UHC.

29. To support the conference, the Regional Office published a compendium of case studies of intersectoral action for children and young people, along with other publications and videos. The Regional Office held a technical briefing during the conference on how the health, social and education sectors could work together to provide better services to the rising number of unaccompanied minors seeking protection in Europe as refugees and migrants. Panellists included representatives of the Greek and Italian health ministries, the NGO Doctors of the World, the Centre for Health Equity Studies in Sweden, and UNICEF.

30. To strengthen intersectoral action to implement Health 2020 and the 2030 Agenda, in 2017 the Regional Office pilot-tested a review of governance for health and well-being in Kyrgyzstan and published a report on innovative financing and budgeting mechanisms for intersectoral governance. The WHO Regional Director for Europe reported to the 2017 Regional Committee that the Paris platform would be permanent, and that it and the Issue-based Coalition on Health were linked and merged.

31. In 2017, the Regional Office joined forces with champion countries and international public health organizations to form a coalition of partners to develop and implement a joint agenda for action to strengthen public health services (see section 5).

Existing networks pursuing Health 2020 and the SDGs

32. At the subregional level, WHO networks became catalysts for a wide range of activities to achieve the SDGs and implement Health 2020, including greater cooperation with each other. These included networks addressing particular levels of governance – such as the WHO European Healthy Cities Network and national Healthy Cities networks, and the Regions for Health Network – and those comprising countries with similar characteristics or common aims – the Small Countries Initiative and the South-eastern Europe Health Network, respectively. (Section 7 covers the contributions of networks devoted to health information.)

33. For example, the WHO European Healthy Cities Network, comprising 1300 cities and 165 million people in 30 countries, worked as a vehicle for the implementation of a range of regional priorities at the national and local levels. In March 2017, the Network adopted the Healthy Cities Pécs Declaration, which recognizes the need for cities to assume leadership in implementing the 2030 Agenda and commits Network members to supporting a wide range of Regional Office initiatives, including the outcomes of the conference on promoting intersectoral and interagency action for health and well-being, and the new European strategies for the health of women, refugees and migrants (see below and section 5) adopted by the 2016 Regional Committee. Members of the Healthy Cities Network and national networks established a working group to strengthen engagement, capacity and knowledge on migration and health. The group developed a new toolkit for assessing the capacity of municipal health systems to manage large numbers of recently arrived refugees, asylum seekers and migrants. At the same time, the Regional Office published the work of a Healthy Cities task force on age-friendly cities. At its annual meeting, held in September 2017 in Prague, Czechia, members of the WHO European National Healthy Cities Network met to shape the political direction for the next phase of their work. The Network renewed its commitment to reducing inequalities and improving health.

34. The Regions for Health Network (RHN) sought to become the leading technical network advising on SDG implementation at regional level. At RHN's 23rd annual meeting, held in September 2016 in Lithuania, participants from 30 regions in 23 countries focused on integrating efforts at the international, national and subnational levels to implement Health 2020 and the 2030 Agenda, and explored closer collaboration with the Healthy Cities Network. RHN members gave training and ran workshops to promote intersectoral action and health equity, such as the Summer School held in July 2016 by the WHO Regional Office for Europe and the Pomurje Region in Slovenia. The Regional Office published a series of case studies, describing best practices from this and other initiatives of RHN members. To work for more sustainable environments, in June 2017 RHN and the WHO European Healthy Cities Network held a side event at WHO's Sixth Ministerial Conference on Environment and Health (see section 2), and presented a joint statement, pledging to bring global environment and health agendas to the subnational level through decisive, transformative joint action, exchanges of best practice and peer learning, multilevel and multisectoral collaboration, and the co-creation of solutions. In October 2017, within the framework of a project for regional partnership for health and sustainable development financed by the European Economic Area, a team from the Varna Region, Bulgaria made a study visit to the region of Ostfold, Norway, to exchange good practice in the development of regional health policy.

35. The Small Countries Initiative enabled eight European countries with a population of less than 1 million – Andorra, Cyprus, Iceland, Luxemburg, Malta, Monaco, Montenegro and San Marino – to share knowledge on and to build capacity and promote action to implement

Health 2020 and the SDGs. At its third high-level meeting, held in October 2016 in Monaco, the countries in the Initiative committed themselves to working together to implement the SDGs and particularly to address climate change by:

- further improving and developing their technical capacity;
- sharing information, good practices, experiences and lessons learned;
- supporting the scaling up of innovations;
- engaging with other governments, civil society, scientists and the wider global health and development community for intersectoral action; and
- calling for concrete action at the Sixth Ministerial Conference on Environment and Health in 2017.

36. Follow-up action included a course on global health diplomacy for small countries, held in March 2017 in Cyprus and organized by the Regional Office with the Graduate Institute of International and Development Studies in Geneva, Switzerland; the participants included 35 senior officials from various sectors including health, finance, foreign affairs, education and development, as well as representatives of RHN. In 2016 the Regional Office published two collections of examples of intersectoral action to improve health taken by members of the Initiative. The Regional Office held the first meeting of the Small Countries Health Information Network in Malta in March 2016, to help small countries address common challenges in strengthening their health information systems (see section 7). It also organized a global health diplomacy course for small countries in March 2017, in Nicosia, Cyprus.

37. At their fourth high-level meeting, held in Malta in June 2017 as part of Malta's Presidency of the Council of the EU, the members of the Small Countries Initiative agreed to launch comprehensive initiatives to address obesity in children (see section 5). Ministers called on governments to ensure stronger restrictions on the marketing of foods high in fat, sugar and/or salt to children, to promote clear and easy-to-understand labelling and to improve the nutritional composition of food products. Activities included a workshop for the many health journalists and communication experts participating in the meeting. The aim was to consider how they could best convey information about NCDs and the relationship between NCD risk factors, including obesity, and the social determinants of health.

38. Similarly, at their 4th South-eastern Europe Health Ministerial Forum in April 2017 in the Republic of Moldova, the nine south-eastern European countries comprising the South-eastern Europe Health Network (SEEHN) – Albania, Bosnia and Herzegovina, Bulgaria, Israel, Montenegro, the Republic of Moldova, Romania, Serbia and the former Yugoslav Republic of Macedonia – signed the new, far-reaching Chisinau Pledge of cooperation; member countries agreed:

- to increase public financing for health, despite economic hardship;
- to coordinate efforts to improve people's health through UHC, whole-of-government and -society approaches, and tackling health inequalities in order to achieve the SDGs;
- to build a cross-border mechanism for a coordinated response to health emergencies; and

- to establish a subregional health-workforce observatory to promote and monitor the cross-border mobility of health care workers, harmonize their qualifications and prevent the emigration of young specialists to more affluent regions.

39. The Forum also endorsed the amendments to new standard operating procedures for SEEHN and the appointment of the director of the SEEHN secretariat, thanked WHO technical staff for their contributions to the member countries and celebrated the solid health gains made by member countries as a result of the cross-country cooperation in public health through SEEHN. At SEEHN's 39th plenary meeting, held in Sofia, Bulgaria, in November 2017, the participants discussed an action plan to implement the Chisinau Pledge and agreed to enhance regional efforts to improve children's health by promoting healthy lifestyles and addressing NCDs. At the 2017 Regional Committee session, SEEHN announced that it would build a platform for cross-border collaboration for public health services, including all-hazard preparedness and response.

40. In addition, with the Public Health Agency of Sweden, the Regional Office organized the second policy exchange of the Nordic and Baltic collaboration on social determinants and health equity, in Sweden in October 2016. Over 100 participants from Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden discussed ways to step up the implementation of the Health 2020 vision for health equity and well-being in these countries. The participants expressed interest in working together and with the Regional Office:

- to share experience with effective approaches to framing health equity, methods of communicating key messages to different stakeholders, tools and methods to support partnerships with action and ways to mainstream health equity across the whole of government; and
- to provide better data to stratify health determinants and outcomes through equity-sensitive surveillance and monitoring systems.

Action at the country level and within the Regional Office

41. At the country level, WHO fully incorporated the SDGs into its country cooperation strategies and biennial collaborative agreements (BCAs) with countries (see section 7). In countries with a United Nations Development Assistance Framework, WHO worked with resident coordinators, country teams and other United Nations entities.

42. At the technical level, the Regional Office set up an internal task force to align its work on the SDGs, Health 2020 and the European Action Plan for Strengthening Public Health Capacities and Services, in order to increase coherence and ensure a more consistent approach to assisting Member States in implementing the three frameworks. It also changed its structure and methods of work. Although the entire Regional Office pursued both Health 2020 and the SDGs, a new division was created that brought together all the Regional Office's expertise in the social, economic and environmental determinants of health, health equity and good governance, and work on SDGs, to provide a platform of excellence. In addition, the various divisions within the Regional Office increasingly worked together on important tasks.

Tools to support implementation of the 2030 Agenda

43. As it had with Health 2020, the Regional Office supported countries and partners with a wide array of information and tools for the implementation of the 2030 Agenda. For example,

the Regional Office used publications to promote intersectoral action, such as policy briefs that described the benefits for all sectors involved (health and, for example, education, foreign policy, agriculture, social protection, labour and housing), a synthesis report on evidence on financing and budgeting mechanisms to support action involving the health, education, social welfare and labour sectors, and a collection of case studies on diplomacy for health, which was launched at the 2017 Regional Committee. The Regional Office also mapped national development strategies and health policies and intersectoral action in the Region to support countries in developing coherent policies for health and well-being.

44. As requested by the 2016 Regional Committee, the Regional Office developed new tools for Member States to use. With the support of the Standing Committee of the Regional Committee (SCRC), the Regional Office started developing three new tools: a regional roadmap to implement the SDGs, a joint monitoring framework for the Health 2020, NCD and SDG indicators and regular reporting on health equity. The development process followed the Regional Office's established pattern of development based on evidence, wide consultation and close cooperation with countries and partners. The Regional Office convened the first meeting of an expert working group to support the drafting of the roadmap in January 2017 in Venice, Italy.

45. The Regional Office presented the roadmap to the 2017 Regional Committee, to pave the way forward and promote the intersectoral action and partnerships needed to support the implementation of Health 2020 and the 2030 Agenda. It identified regional priorities towards 2030 and called for a sharper focus on governance and intersectoral action for health, the alignment of national development and health policies and policy coherence across multiple goals, and a stronger focus on the means of implementation, including strengthened public health capacities, partnerships, increased financing for health, innovation, further research and enhanced monitoring and accountability. It proposed five interdependent strategic directions:

- advancing governance and leadership;
- leaving no one behind;
- preventing disease and addressing health determinants by promoting multi- and intersectoral policies throughout the life course;
- establishing healthy places, settings and resilient communities; and
- strengthening health systems for UHC.

46. It also proposed four enabling measures: investment for health and well-being; multipartner cooperation; health literacy, research and innovation; and monitoring and evaluation. Priorities for the Regional Office included: working with and providing technical support to countries, providing coordination among United Nations agencies, strengthening partnerships at the regional and subregional levels, and monitoring and reporting. Evidence reports – on the social return on investment from public health policies to support implementation of the SDGs by building on Health 2020, and key policies for addressing the social determinants of health and health inequities – accompanied the roadmap, as did a breakfast session on investment for health and well-being as both a driver and enabler of sustainable development. The synthesis reports served as advocacy tools for policy- and other decision-makers involved in intersectoral planning and interventions at the national and subnational levels. Follow-up by the Regional Office included the launch of new tools to

bring health and finance ministries together to invest in health, through an initiative begun in collaboration with Slovenia.

47. Similarly, a technical briefing at the 2016 Regional Committee proposed the development of a framework both to reduce the burden of and to unify Member States' reporting of their progress against the indicators of Health 2020, the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 and the SDGs. Mapping by the Regional Office showed that 76% of Health 2020 indicators were fully aligned with those for the SDGs. To establish a common set of indicators based on existing reporting requirements, the Regional Office mapped all indicator sets currently used in the European Region, in cooperation with the European Commission and OECD, its partners in the European Health Information Initiative (see section 7). It consulted Member States on its work on the joint monitoring framework, and presented the results to the Regional Forum on Sustainable Development for the United Nations Economic Commission for Europe (UNECE) Region, held in Switzerland in April 2017, before submitting it to the 2017 Regional Committee.

48. The Regional Committee warmly welcomed the roadmap and joint monitoring framework for the SDGs, Health 2020 and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. Representatives of Member States and numerous non-State actors expressed strong support for both the roadmap, which they called a useful framework of action-oriented tools to support efforts to place health at the centre of national political agendas, and the joint monitoring framework, which would be testament to strategic policy coherence in the WHO European Region and the accountability of the Regional Office and Member States. The Regional Committee adopted both and called on not only Member States but also international and intergovernmental organizations, NGOs and civil society and professional associations, within and beyond the health sector, to take part in implementation. It also requested the Regional Director to provide a core package of SDG-related technical resources, knowledge and tools.

49. To follow up, the Regional Office convened a multistakeholder expert group to propose criteria for the selection of indicators that aligned across the three frameworks, using Health 2020 as an entry point. In November 2017 in Vienna, Austria, the group recommended 40 indicators for inclusion in the joint monitoring framework, covering all areas of public health. The Regional Office consulted Member States on the draft minimum core set of indicators early in 2018 and would present the results to the Regional Committee. The aim was both to ensure minimum reporting and encourage additional reporting.

50. In addition, the Regional Office started developing a toolkit for Member States, to guide activities towards achieving health, equity and well-being for all at all ages within the framework of the SDGs. This included preparing to hold a technical meeting to advance this work in January 2018. Further, the Regional Office began to review existing policies, strategies and plans to identify areas for change, and supported policy action to incorporate the global health-related SDG monitoring framework and indicators into national frameworks and data platforms, and formulating policies, strategies and plans to achieve coherence across different sectors and levels of governance.

51. To monitor progress towards the equity goals of Health 2020 and the SDGs, the Regional Office started to develop a regular report on the status of health equity in European countries, to complement its European health report. It established a working group to

develop the reports, aiming to publish them every four years, starting in 2018. The reports will monitor the implementation of policies addressing the social, economic and environmental determinants of health and measures to combat discrimination. In January 2017, the WHO European Office for Investment for Health and Development in Venice, Italy, one of the Regional Office's geographically dispersed offices (GDOs), hosted a meeting of eight expert partner organizations working on policy research for gender equity, and the environmental, social and economic determinants of health. The participants came together to shape the development of the first European health equity status report by starting to identify core indicators for tracking the status of, policy on and progress towards health equity related to the conditions in which people grow up, live, work and grow old. The discussions took account of the need for synergies with the targets and indicators across the SDGs. The report would be published in 2018 and was intended to complement that 2018 European health report.

52. Other Regional Office activities to promote health equity included a training course and follow-up meeting to support the countries participating in the Nordic and Baltic collaboration on social determinants and health equity. To build capacity in the skills required to bridge policies and sectors for greater health equity and well-being, the Regional Office held its first Flagship Course on Equity in Health in All Policies in June 2016, organized in partnership with a WHO collaborating centre at Durham University, United Kingdom. The Regional Office, the Swedish Ministry of Health and Social Affairs and the Public Health Agency of Sweden held a high-level policy dialogue for the Nordic and Baltic countries in October 2016. Inspired by the WHO Flagship Course, in 2017 the Norwegian WHO Healthy Cities Network joined forces with members of RHN and other networks in Denmark and Sweden, to adapt the WHO course to a Scandinavian context and audience. The partners in the project planned to complete the course material by the end of 2017 and hold the first courses early in 2018.

Examples

Migration and health

53. The Regional Office's work on migration and health, although important in itself, also provides an example of WHO's multilevel efforts to respond to Member States' requests for action, to seek to improve the health of vulnerable groups, to address health issues through intersectoral action and to ensure that all its technical work serves the larger goals of the unifying policy frameworks, Health 2020 and the 2030 Agenda.

54. The Regional Office had scaled up its efforts to address the needs of migrants, refugees and asylum seekers – which were among the most vulnerable groups in the European Region – in response to increasing requests from Member States. Taking account of Health 2020 and the 2030 Agenda, the Regional Office drafted a European strategy and action plan on refugee and migrant health that strongly emphasized the need for an approach based on human rights, driven by equity and sensitive to gender issues. The process included guidance from the SCRC's subgroup on migration and health and extensive consultation with European countries, representatives of WHO's Eastern Mediterranean and African regions, United Nations agencies and international organizations. The result covered nine priority areas:

- establishing a framework for collaborative action;
- advocating the right to health of refugees, asylum seekers and migrants;

- addressing the social determinants of health;
- achieving public health preparedness and ensuring an effective response;
- strengthening health systems and their resilience;
- preventing communicable diseases;
- preventing and reducing the risks posed by NCDs;
- ensuring ethical and effective health screening and assessment; and
- improving health information and communication.

55. The 2016 Regional Committee adopted the strategy and action plan by consensus, with the acclamation of the International Organization for Migration (IOM), UNHCR and many NGOs. Representatives called this work an illustration of how to transform a crisis into an opportunity to improve public health capacity in the Region.

56. As an outgrowth of this work, the Regional Office supported the development of global agreements on migration and health, as European countries helped to shape the global policy agenda. In September 2016, United Nations Member States unanimously adopted the New York Declaration for Refugees and Migrants; as a result, two global compacts are being developed. In December, the WHO Regional Director for Europe hosted and co-organized the first Organization-wide meeting for the preparation of a global WHO normative framework. In January 2017, the WHO Executive Board requested the Director-General – working with Member States, IOM, UNHCR and other relevant stakeholders – to draft a global action plan on the health of refugees and migrants, and to seek to ensure that the United Nations Global Compact for Safe, Orderly and Regular Migration and the United Nations Global Compact on Refugees adequately addressed health aspects. At the March 2017 meeting of the GPG, the Director-General asked the WHO Regional Director for Europe to support WHO headquarters in this work. The 2017 World Health Assembly:

- urged Member States to consider using the framework of priorities and guiding principles to promote the health of refugees and migrants, including using it to inform discussions among Member States and partners involved in developing the global compacts; and
- asked the Director-General to submit a draft global action plan for consideration by the 2019 Health Assembly.

57. The Regional Office contributed to this work by taking part in the consultative process, seeking to ensure that the global compacts adequately address refugees' and migrants' health-related needs.

58. The Regional Office started work to implement the strategy and action plan in the European Region in four main areas: providing countries with technical assistance, evidence and information, and advocacy according to their needs; and continuing to advance the policy agenda for migration and health within and beyond the European Region, in collaboration with other WHO regional offices and headquarters. Deploying additional staff to Greece, Italy, Serbia and Turkey, the Regional Office helped European countries on the front line of large-scale migration to make contingency plans and strengthen the capacity of their health and public health systems to respond to current or potential large influxes. For example, staff from the Regional Office visited Serbia in January 2017 to help the health authorities deal

with the health needs of migrants stranded in the country. The Regional Office organized a workshop in Belgrade, Serbia, in May 2017 to help Member States along European migration routes develop an integrated and coordinated approach to ensuring appropriate access to and provision of health care for refugees, asylum seekers and migrants. The participants included representatives of the health ministries of Albania, Croatia, Czechia, Greece, Hungary, Italy, Montenegro, Romania, Serbia, Slovakia and Turkey; and of IOM, UNFPA, UNHCR, the International Federation of Red Cross and Red Crescent Societies, Médecins Sans Frontières, Médecins du Monde and EMERGENCY, Italy. As part of the Regional Office's work with individual countries to strengthen their health systems (see section 6), the Regional Office and the Ministry of Health of Greece included a focus on vulnerable and crisis-affected populations, including migrants journeying into and remaining in Greece, in a policy dialogue held in Athens in March 2017 to initiate the country's collaborative health care reform programme.

59. The Regional Office published the first toolkit for assessing health systems' capacity to manage large influxes of refugees, asylum-seekers and migrants in 2016, to support national health ministries in leading multisectoral collaboration to improve these groups' health and reduce health inequities. Working with health ministries, the Regional Office used this tool to assess the capacity of the health systems in 12 countries (Albania, Bulgaria, Cyprus, Croatia, Greece, Hungary, Italy, Malta, Portugal, Serbia, Spain and the former Yugoslav Republic of Macedonia) to manage large influxes of refugees and migrants. Working with health ministries, the Regional Office identified challenges such as the improvement of public policies and intervention.

60. The Regional Office also published four synthesis reports on the evidence on migrants' access to health care services, on the maternal and mental health services provided and access to and the delivery and utilization of immunization services for migrants and refugees in the European Region, and devoted an entire issue of its journal, *Public Health Panorama*, to an in-depth exploration of challenges and solutions in migration and health. Two more synthesis reports on the evidence on injuries and migration, and migrants' access to TB screening and care were to be published in 2018.

61. In March 2017, the Regional Office launched Migration and Health Knowledge Management, a collaborative project funded by the European Commission Directorate-General for Health and Food Safety, to raise awareness, foster and disseminate knowledge, and increase the adoption of good practices and evidence-based approaches to migrant health across EU countries. Working through the WHO European Knowledge Hub on Health and Migration, launched by the WHO Regional Director for Europe in Sicily, Italy, in November 2016, the Regional Office's project was a multistakeholder platform to form bridges between policy, science and practice. Established with financial support from the Ministry of Health of Italy, regional health authorities in Sicily and the European Commission, the project provided opportunities to share experience and discuss policy options, carry out face-to-face and online training, and establish an online library through the Knowledge Hub, launched in 2017. The Hub developed technical guidance on six priority issues: the health of children, elderly people and mothers and newborn babies, health promotion, mental health and NCDs.

62. The Regional Office held the first Summer School on Refugee and Migrant Health – organized with the support of the Ministry of Health of Italy, the regional health authorities of Sicily, the European Commission, the European Public Health Association, IOM and the Health Initiative of the Americas at the University of California, Berkeley, United States of

America – in July 2017. Through the Knowledge Hub, it offered the first three webinars for public engagement, consisting of in-depth panel discussions and interactive question-and-answer sessions and addressing effective advocacy for and mental health issues related to health and migration, in August, September and October 2017, with more planned for 2018.

63. The Regional Office gave a technical briefing on cross-border immunization during the 2017 Regional Committee, enabling representatives of Member States (Germany, Greece, Italy, the Russian Federation, Sweden and Turkey) and NGOs to share their experiences and challenges in providing equitable immunization services to refugees and migrants. The briefing was a first consultative step in developing technical guidance on immunization and migration in the Region.

64. The Regional Office's advocacy activities included campaigns for World Refugee Day, on 20 June 2016 and 2017, and a newsletter on the work of its Public Health Aspects of Migration in Europe project. In addition, the Regional Office added to its technical and scientific resources on the issue of migrant health by designating the Department of Operational Medicine of the University of Pécs, Hungary, a WHO collaborating centre for training and research on migration and health in November 2017.

Linking gender with rights and health determinants

65. Several years of work culminated in the 2016 Regional Committee's adoption of the European strategy on women's health and well-being, which linked gender, rights and health determinants for more equitable health outcomes, and linked SDGs 3 and 5 in a practical way that is relevant for the European Region. The Regional Office developed the strategy through its trademark consultative process, including technical consultation, consultation with countries, meetings with civil society actors and discussions in various forums, such as the Women Deliver 4th Global Conference, held in Denmark in May 2016. The Regional Office's participation in the Conference included contributing to a variety of sessions on implementing the SDGs, sharing examples of both successes and further development needed to protect and promote the health of girls and women, and discussing the European strategy and action plan that were being developed. The Conference brought together over 5500 advocates, experts and young people from 168 countries worldwide, under the patronage of the Regional Office's Patron, Her Royal Highness The Crown Princess of Denmark.

66. The SCRC provided guidance on the development of the strategy on women's health and well-being and the Regional Office had provided evidence as background, launching a report on the subject at the 2016 Regional Committee session. It showed that women living in countries with the highest life expectancy could spend up to 12 years in ill health towards the ends of their lives, and that large gender and health inequalities existed across the Region.

67. The strategy presented four key areas for strategic action: strengthening governance for women's health and well-being; eliminating discriminatory norms, values and practices; tackling the impact of gender and social, economic, cultural and environmental determinants of health; and improving health systems' responses. Much intersectoral action was required in the first three areas. In the fourth, health systems should address the full spectrum of women's health, recognizing the need for gender-appropriate treatment and the fact that some conditions presented differently in women than in men and therefore ran the risk of going undiagnosed or untreated. The strategy constituted a template for national action and would guide decision-making.

68. After a discussion between experts from Women Deliver and the Global Health Programme at the Graduate Institute of International and Development Studies, Switzerland, underlined the impact on women of gender inequalities and the determinants of health, the Regional Committee unanimously adopted the strategy. Representatives welcomed it as an inspiration for developing gender-responsive policies and national action plans, and were pleased that it would place no additional reporting burden on Member States. The Regional Committee agreed that the inequality in health created by society must be rectified through a gender-responsive, whole-of-government approach to policy-making. Representatives of UNFPA, the International Pharmaceutical Federation, the Standing Committee of European Doctors and the World Heart Federation also expressed support for the strategy.

69. To assist countries in improving their work for women's health and identifying gaps, the Regional Office began developing a monitoring framework for the strategy, based on existing indicators and accountability frameworks. It worked with the WHO Healthy Cities Network and its working group on gender and health to analyse local ways of measuring and analysing women's health. The Regional Office's efforts to implement the women's health strategy included:

- producing an evidence review and policy brief with recommendations on gender stereotypes: their effects on health and use in health promotion;
- producing an evidence review, assessment tool and country assessments of integrated long-term care, women's health and women's caring roles;
- integrating gender perspectives in assessing health-system barriers to NCD prevention and control;
- assisting countries in implementing prevalence surveys and strengthening health systems' response to gender-based violence against women, as part of an intersectoral response; and
- exploring ways to transfer lessons learned from intersectoral mechanisms for gender equality to intersectoral action for health.

70. The Regional Office surveyed Member States on health-sector policies and protocols for responding to violence against women at the end of 2017.

71. In addition, the Regional Office's work to link gender, rights and determinants for more effective and equitable health outcomes included the development of a report and strategy on men's health and well-being for the 2018 session of the Regional Committee, inspired by and developed in the same way as the report and strategy on women. A review had revealed that men carried a disproportionate share of the mortality burden. Traditional concepts of masculinity increased men's likelihood of engaging in high-risk and health-damaging behaviour and their reluctance to seek help, while gender-biased health systems hampered their access to appropriate care. The strategy proposed a series of actions to strengthen governance, promote men's health and well-being, make health systems more gender responsive and strengthen the evidence base. The SCRC expressed strong support for the proposed strategy, called for additional in-depth, country-specific studies and suggested the development of actions or recommendations for particular countries or subregions, in view of the geographical differences in men's health-related behaviour.

2. Environment and health in Europe: multisectoral action pays off

72. The work of the WHO Regional Office for Europe in 2016–2017 demonstrated the success of its multisectoral approach to addressing the environmental determinants of health, which account for up to 15% of the burden of preventable disease in the European Region. This work was done under the umbrella of the European environment and health process (EHP) – established in 1989 by the Regional Office, the Region’s Member States, UNECE and other partners – and through the Regional Office’s nexus-based approach – which focuses on recognizing the multiple interconnections between risk factors and environmental determinants, translating science into evidence and supporting policy development. EHP was recognized as a means of implementing Health 2020 and thereby achieving the SDGs, particularly by building resilient communities.

73. The staff tackling these issues were based in both the Regional Office headquarters in Copenhagen, Denmark, and one of its GDOs, the WHO European Centre for Environment and Health, in Bonn, Germany. A group of highly regarded internal and external experts reviewed the Centre’s performance in the first half of 2016, and rated its technical, ethical and scientific work as outstanding. At the XIV “Occupation and Health” Russian National Congress with International Participation, held in September 2017 in Saint Petersburg, Russian Federation, the Centre received an award for its work in providing policy and technical guidance to protect workers’ health. The Regional Office delivered a session at the Congress on workers’ health protection in the era of the 2030 Agenda for Sustainable Development.

Sixth Ministerial Conference on Environment and Health: latest fruits of the European environment and health process

74. Much of the Regional Office’s work under the EHP in 2016–2017 culminated in the Sixth Ministerial Conference on Environment and Health. It was held in Ostrava, Czechia in June 2017; hosted by Government of Czechia, represented by its ministries of health, environment and foreign affairs; the Moravian-Silesian Region; and the City of Ostrava. This was the first EHP conference to be co-organized with UNECE and the United Nations Environment Programme (UNEP). The 670 participants included 350 delegates of 46 European and two other WHO Member States, and representatives of stakeholders such as the European Commission, the European Environment Agency, the Joint Research Center, the European Committee of the Regions, the Regional Environmental Center for Central and Eastern Europe, UNDP, UNECE, UNEP, the Central Asia Regional Economic Cooperation, NGOs from different sectors and young people’s organizations, such as the European Environment and Health Youth Coalition. In addition, 200 observers from 24 Member States attended, including numerous representatives of regions and municipalities, the WHO European Healthy Cities Network and RHN.

75. EHP’s most recent major milestone, the Conference took stock of the changed geopolitical, socioeconomic and demographic conditions in the European Region, defined the environment and health priorities for 21st century Europe and leveraged EHP as a platform for the coordinated implementation of the 2030 Agenda and Health 2020 by focusing on the protection of vulnerable groups, improved governance, intersectoral work and rights-based approaches to addressing key health determinants. Reviewing the entire environment and health agenda, the participants identified interventions that had the greatest potential for

reducing premature mortality and preventable morbidity. Participating Member States adopted a focused and target-based political declaration, signed on their behalf by the Minister of Foreign Affairs of Czechia and the WHO Regional Director for Europe, in which they committed themselves to developing national portfolios of action on the environment and health by the end of 2018.

76. The Ostrava Declaration on Environment and Health was negotiated through a broad and inclusive consultative process steered by the European Environment and Health Task Force. This process comprised both political negotiations – with input from the SCRC and spearheaded by the Task Force through face-to-face meetings in November 2016 and April 2017 and web-based consultation – and consultations on technical issues, involving scientists, experts, stakeholders and representatives of Member States. These consultations provided the scientific evidence underpinning the political negotiations, and addressed seven interconnected thematic priorities that Member States identified as defining the European environment and health agenda of the future:

- improving indoor and outdoor air quality for all, through actions to meet the values of the WHO air quality guidelines;
- ensuring universal, equitable and sustainable access to safe drinking-water, sanitation and hygiene for all and in all settings, while promoting integrated management of water resources and reuse of safely treated wastewater, where appropriate;
- minimizing the adverse effects of chemicals on human health and the environment by: replacing hazardous chemicals with safer alternatives, including non-chemical ones; reducing the exposure of vulnerable groups to hazardous chemicals, particularly during the early stages of human development; strengthening capacities for risk assessment and research to secure a better understanding of human exposure to chemicals and the associated burden of disease; and applying the precautionary principle where appropriate;
- preventing and eliminating the adverse environmental and health effects, costs and inequalities related to waste management and contaminated sites, by seeking to eliminate uncontrolled and illegal waste disposal and trafficking and to ensure the sound management of waste and contaminated sites in the context of transition to a circular economy;
- strengthening adaptive capacity and resilience to health risks related to climate change and supporting measures to mitigate climate change and achieve health co-benefits in line with the Paris Agreement;
- supporting the efforts of European cities and regions to become healthier and more inclusive, safe, resilient and sustainable through an integrated, smart and health-promoting approach to urban and spatial planning, mobility management, the implementation of effective and coherent policies across multiple levels of governance, stronger accountability mechanisms and the exchange of experience and best practices in line with the shared vision established by the New Urban Agenda; and
- building the environmental sustainability of health systems, and reducing their environmental impact through such means as efficiency in the use of energy and resources, sound management of medical products and chemicals throughout their

life-cycle and reduced pollution through safely managed waste and wastewater, without prejudice to the sanitary mission of health services.

77. The Declaration also included commitments in four main areas: leveraging EHP to achieve selected SDGs, addressing the unfinished business in environment and health in Europe, promoting coherence across all political levels and establishing inclusive platforms for dialogue, and developing national portfolios of action by 2018 and strong intersectoral coordination. Its two annexes comprised a compendium of possible actions to advance the implementation of the Declaration and revised institutional arrangements for EHP after 2017. Countries would use the former to build national portfolios of action on the seven priority areas, with a strong national coordination mechanism that included all stakeholders and representatives of the different levels of government. The latter proposed that the Task Force become the sole governance mechanism for EHP, supported by a bureau and meeting once a year, with the convening of separate, high-level events on issues of interest to ministers as needed and of the next conference between 2023 and 2025. Member States had expressed strong interest in establishing a joint WHO–UNECE secretariat for EHP; the Regional Office supported the proposal and the UNECE Executive Committee would decide on its response in 2018, based on the availability of resources.

78. Further, the Regional Office launched a range of new publications at the Conference, including a background document on the status of the environment and health in Europe, a series of 11 fact sheets on environment and health priorities, an examination of the role of cities and a special issue of the Regional Office’s journal, *Public Health Panorama*, with 12 original papers supplying evidence and information on the areas of work addressed by the Ostrava Declaration.

79. Discussing the Conference and the Declaration at the 2017 Regional Committee, representatives described their implementation activities, particularly their cooperation with other countries. The Regional Committee:

- welcomed the cooperation between EHP and other international processes to achieve the SDGs related to health and the environment, notably the follow-up to the Eighth Environment for Europe Ministerial Conference, held in Batumi, Georgia, in June 2016, and the third meeting of the United Nations Environment Assembly, held in Nairobi, Kenya, in December 2017;
- welcomed the new governance structure for EHP, and the strengthening and formalizing of the links between EHP and the governing bodies of UNECE and WHO; and
- endorsed the Ostrava Declaration, calling for the widest possible action and cooperation for its implementation.

Continuing partnership with UNECE

80. The Regional Office’s longstanding partnership with UNECE focused not only on EHP, as described above, but also on the implementation of three conventions on the environment and health, described below, and multisectoral action carried out through the Transport, Health and Environment Pan-European Programme (THE PEP). A 2016 report in *Public Health Panorama* described the results of 14 years of work through THE PEP: engaging all three sectors on an equal footing and enabling governments to work through sustainable and

healthy transport policies to pursue the highest level of health and well-being for all, a better environment and efficient transport. Experience from THE PEP provided a practical example for similar processes to follow in intersectoral work linking international commitment and national action.

81. In July 2016, the Austrian Federal Minister of Agriculture, Forestry, Environment and Water Management gave an award to the WHO Regional Office for Europe and UNECE for their support of and achievements under THE PEP. THE PEP's work in 2016–2017 included a Regional Office publication on a study, conducted with UNEP and UNECE, on jobs associated with cycling; a meeting held in Serbia in March 2017, at which representatives from ministries and international organizations, with practitioners of sustainable mobility in tourism, discussed the development of national transport, health and environment action plans to address mobility challenges; and a side event at the Ostrava Conference on scaling up active mobility in Europe.

82. The WHO Regional Director for Europe spoke at UNECE's Eighth Environment for Europe Ministerial Conference, held in 2016. The Conference and its declaration provided valuable input to the Sixth Ministerial Conference on Environment and Health. A statement from the Regional Director was presented to the Meeting of the Parties to the Espoo Convention on Environmental Impact Assessment in a Transboundary Context and its Protocol on Strategic Environmental Assessment, held in June 2017 in Belarus.

Technical work

83. Feeding into and extending beyond the Sixth Ministerial Conference on Environment and Health, the Regional Office's technical work on the environment and health addressed both cross-cutting issues and the technical themes of the Conference.

Cross-cutting issues in environment and health

84. The Regional Office tackled such cross-cutting issues as environmental health impact assessment, equity, economics and research. In 2016, the Regional Office published the findings of a technical meeting that discussed models for and the practice of health impact assessment and how to enhance the coverage of health in environmental assessments of policies, plans, programmes and projects, in order to develop a resource for Member States. The participants comprised leading experts from national ministries of health and other sectors, affiliated institutes and academe, and staff of the European Commission Directorate-General for the Environment, UNECE and the European Investment Bank, as well as WHO headquarters and the Regional Office for Europe. At the June 2017 Meeting of the Parties to the UNECE Convention on Environmental Impact Assessment in a Transboundary Context, held in Minsk, Belarus, WHO expressed support for the development of guidance on environment and health impact assessment and the involvement of health authorities. In addition, the Regional Office presented some of the available tools for integrated assessments at multisectoral workshops held in 2016 and 2017 in Czechia, Estonia and Poland, and facilitated the development of a new online knowledge-sharing platform, the Environment and Health Impacts Hub, to bring together the communities involved in assessments of health and environmental impacts.

85. The Regional Office included environmental health equity among the issues being addressed by its working group on the planned status report on health equity (see section 1),

and held an expert consultation in May 2017 in Bonn, Germany, funded by the Federal Ministry for the Environment, Nature Conservation and Nuclear Safety, to revise its draft resource package on environmental equity, to recommend the best ways to present data and key messages on its status in the Region and to identify how best to compile and use data on differences within countries.

86. The Regional Office's Environmental Health Economics Network, with about 100 members, prepared a publication on asbestos, launched at the Ostrava Conference. The extended Network – including representatives of UNEP, UNECE, the United Nations Industrial Development Organization, the European Commission, the European Environment Agency, the World Bank, the European Investment Bank, academe and the private sector – addressed the transition to a green and circular economy, its positive and negative consequences for health and the environment, and its contribution to achieving the SDGs at the Network's meeting. The meeting was held in October 2017 and hosted by the WHO European Centre for Environment and Health, with financial support from the German Federal Ministry for the Environment, Nature Conservation and Nuclear Safety. The participants agreed that, working with partners and key actors, the WHO Regional Office for Europe would publish an assessment report on the circular economy and its implications for human health in 2018.

87. In Portugal in April 2017, the Regional Office held an expert consultation on how to set research priorities in environment and health, organized with the Portuguese Ministry of Health, the National Health Institute and the Medical School of the University of Lisbon. This fed into the work of the European Advisory Committee on Health Research (see section 7).

Priorities for the 21st century

Air pollution

88. Air pollution is the most important environmental risk factor in the European Region; WHO found that household and ambient air pollution accounted for 556 000 premature deaths in the WHO European Region in 2016, with the majority occurring in low- and middle-income countries. The Regional Office's work on air pollution focused on helping countries both to measure its impact and to set and meet guidelines values to protect health.

89. In 2016 the Regional Office not only published on the concepts, scope and general principles of health risk assessments of air pollution, but also introduced the AirQ+ software, which countries can use to quantify the health effects of exposure. AirQ+ estimates the effects of both short-term changes in air pollution and long-term exposures, including reductions in life expectancy. As part of the 19th annual meeting of the Joint Task Force on Health Aspects of Air Pollution – held in May 2016 in Bonn, Germany, and chaired by WHO within the UNECE Convention on Long-range Transboundary Air Pollution, the Regional Office held an interactive workshop to train the participants (representatives of Member States, the European Commission, civil society and academe) and invited guests in using the new software. The 20th meeting of the Task Force, in May 2017, showed the sustainability of this intersectoral and multistakeholder process. In 2017 the Regional Office worked to update and increase the usefulness of AirQ+, aiming to launch a new version in both English and Russian in 2018.

90. In 2016 the Regional Office joined the work to update WHO's global air quality guidelines, a project requested by the World Health Assembly and supported by the European

Commission Directorate-General for the Environment; the German Federal Ministry for the Environment, Nature Conservation and Nuclear Safety; the Swiss Federal Office for the Environment and the United States Environmental Protection Agency. It published the results of a global consultation on the latest available evidence on the health effects of several pollutants and interventions to reduce air pollution in 2016, and reviewed the development of the series of WHO air quality guidelines, and described current WHO activities and their future directions in 2017.

Water, sanitation and hygiene

91. To ensure integrated, sustainable and safe water, sanitation and hygiene for all, the Meeting of the Parties to the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes – held in Switzerland in November 2016 and jointly supported by the Regional Office and UNECE – launched work to increase resilience to climate change and to address water, sanitation and hygiene in schools and health care facilities. The Parties also highlighted how the Protocol can best fulfil its role in supporting countries and other stakeholders in achieving the SDGs. Also in November 2016, the WHO Regional Director for Europe described the public health and economic case for ensuring a safe water supply, and highlighted the urgency of multisectoral action, while participating in a high-level panel at the Budapest Water Summit in Hungary.

92. Water, sanitation and hygiene (WASH) are a priority area under the Protocol on Water and Health, included in the compendium of actions annexed to the Ostrava Declaration and a building block in attaining SDGs 3 and 6. The Regional Office therefore worked to improve WASH in different settings, beginning with schools in Europe in 2016 and then turning its attention health-care facilities. The safe management of WASH services in health-care facilities is essential to ensuring the quality of health care, preventing and controlling infections, tackling antimicrobial resistance and improving the environmental sustainability of health systems (see below). In September 2017, with financial support from the German Federal Ministry for the Environment, Nature Conservation and Nuclear Safety, the WHO European Centre for Environment and Health hosted a meeting on increasing the priority of WASH in health-care facilities on national health policy agendas. The 44 participants came from 21 Member States, several WHO offices, academe, NGOs and donor organizations. They reviewed the situation in countries, agreed on the need to scale up recommended action at the national level to improve WASH in health-care facilities and called for a global action plan on the topic.

93. As part of the follow-up, WHO held a meeting for a working group of international experts and researchers from eight countries to revise the 1997 WHO guidelines for small drinking-water supplies, towards the end of 2017. The Republic of Moldova hosted the event, and WHO headquarters and the WHO Regional Office for Europe jointly conducted it. The working group agreed to present the revised guidelines in two parts: guidelines for decision-makers and a field guide to support field staff conducting surveillance of drinking-water and to taking follow-up action.

94. Further, the Regional Office published books on WASH in schools and their importance to students' health and education, describing the key findings in a side event at the Paris conference to strengthen cooperation between the health, education and social sectors (see section 1). Further publications aimed to inspire practitioners, policy-makers and other

stakeholders to take action to improve policies and programmes on rural water supply and sanitation, which can help to achieve SDGs 3 and 6. The Regional Office also supported individual countries' efforts: assessment of the rural water supply in Serbia, and the scaling-up water-safety planning in six countries, including Tajikistan. Finally, the Regional Office's policy advice and comprehensive recommendations on the planned revision of the EU Drinking Water Directive were incorporated in the draft issued in November 2017.

Chemical safety

95. Work to promote chemical safety focused on contributing to both the Ostrava Conference and the development of a global roadmap to enhance the health sector's engagement in the Strategic Approach to International Chemicals Management, as requested by the 2016 World Health Assembly. In Germany in July 2016, the Regional Office held a meeting to explore integrated approaches to protecting health through the sustainable use of chemicals. Focusing particularly on vulnerable population groups and life stages, the participants comprised representatives of 27 European Member States, experts and stakeholders: the Agency for Food, Environmental and Occupational Health and Safety, France; the European Commission; the Health and Environment Alliance; and two NGOs: the Centre of Environmental Solutions, Belarus, and Women in Europe for a Common Future. They discussed priority actions within the relevant global and regional policies and initiatives, including the SDGs. The meeting and the discussion of the issue by the 2016 Regional Committee facilitated the development of the roadmap, which was adopted by the 2017 World Health Assembly.

96. In addition, the Regional Office led a project to develop a global plan for the human biomonitoring of mercury exposure, and pilot-tested the setting up of national registers of hazardous chemicals. In 2017, it issued publications on the role of the health sector in implementing the Minamata Convention on Mercury and the need for capacity building to match its requirements, and on approaches for setting up national chemicals registers and how they improve sound chemicals management.

Waste management and contaminated sites

97. Preparations for the Ostrava Conference included a meeting, held in Germany in October 2016, to agree on priority actions for waste management. The participants comprised representatives of 14 European countries (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Czechia, Finland, Georgia, Germany, Kazakhstan, Lithuania, Romania, Serbia and Tajikistan) and researchers, advisors and specialists in waste, toxicology, hygiene and environmental health. They reached consensus on priority actions to abate human exposure to waste-related hazards and to promote sustainability and the circular economy, while preventing the recycling of toxic agents, and formulated health arguments for further implementation of the EU waste hierarchy, including in countries outside the EU.

98. In addition, the Regional Office co-organized the First International Training School on Environmental Health in Industrially Contaminated Sites, held in Greece in February 2017, for participants from 30 Member States. The event was organized with the Industrially Contaminated Sites and Health Network of the EU-supported European Cooperation in Science and Technology Action IS1408, and coordinated by the WHO collaborating centre at the National Institute of Health of Italy.

Climate change

99. The Fifth Meeting of the WHO Working Group on Health in Climate Change – held in June 2016 in Bonn, Germany and co-financed by the German Federal Ministry for the Environment, Nature Conservation and Nuclear Safety – also contributed to the Ostrava Conference. Participants representing 18 European Member States, the United Nations Framework Convention on Climate Change, the European Commission Directorate-General for Climate Action, the Health and Environment Alliance and staff of the WHO regional offices for Europe and the Eastern Mediterranean reviewed updated evidence on climate change and mechanisms to advance action on it under the SDGs and the United Nations Framework Convention on Climate Change, and discussed desirable regional priority targets on health and climate change.

100. At the Second Global Conference on Health and Climate, held in Paris in July 2016, WHO European Member States identified priorities to accelerate momentum in building health systems' capacity and creating climate-resilient societies as part of the agenda to implement the Paris Agreement. As described in section 1, the members of the Small Countries Initiative committed themselves to addressing climate change in October 2016. In addition, the Regional Office published a book on a range of measures to protect health care from floods, in conjunction with the Ostrava Conference.

101. Almost immediately after the Ostrava Conference, the Regional Office co-sponsored and contributed to the programme of the European Conference on Biodiversity and Climate Change, held in Bonn, Germany, and organized by the German Federal Agency for Nature Conservation, with the Helmholtz Centre for Environmental Research and the German Centre for Integrative Biodiversity Research. The Regional Office also launched a brief for action at the Conference, to support policy-makers and practitioners in designing interventions for urban green space (see also below) and understanding their practical implications.

102. With WHO headquarters, the WHO Regional Office for Europe supported and took part in the 23rd session of the Conference of the Parties to the United Nations Framework Convention on Climate Change, held in Bonn, Germany, in November 2017. During the Conference, WHO used health as an argument for ambitious action on climate change, sought to strengthen Parties' capabilities to adapt to climate change to protect health and advocated efforts to cut or prevent the emission of greenhouse gases, which also provide opportunities for improving health. The WHO European Centre for Environment and Health functioned as the centre of operations for the twenty-five-member WHO delegation throughout the Conference. It also organized a Conference side event on climate adaptation for health and co-organized the Global Climate and Health Summit, with the Global Climate and Health Alliance and the Health and Environment Alliance. Run in parallel to the Conference of the Parties, the Summit combined plenary presentations with high-level political representation to engage and connect within the health community to advance intersectoral action on climate change in order to protect global health.

Urban health

103. To encourage sustainable and health-promoting cities, the Regional Office provided an information package for local practitioners on urban green spaces. These offer many public health benefits, including psychological relaxation and stress reduction, enhanced physical activity and a potential reduction in exposure to air pollution, noise and excessive heat. The

Regional Office summarized the evidence on the health benefits, discussing pathways to health and evaluating health-relevant indicators, and identified the components of interventions that maximize the environmental, health and equity benefits. Through a consultative process that included a meeting in Germany in June 2016 and a stakeholder consultation in the Netherlands in December, the Regional Office worked with representatives of cities and networks of local authorities, intergovernmental organizations and agencies (UNEP, UNECE, the United Nations Human Settlements Programme, the Regional Environmental Center for Central and Eastern Europe, the European Commission and the European Committee of the Regions), and Member States to build consensus on specific actions, commitments and initiatives for European cities. The results included a publication launched at the Sixth Ministerial Conference on Environment and Health.

104. In addition to working for green spaces in the urban environment and with Healthy Cities networks, as described above, the Regional Office published a book towards the end of 2017 offering guiding principles for the WHO European Region in the use of urban planning to transform public spaces to promote physically active lifestyles, a key contributor to achieving the SDGs. Further, the Regional Office worked throughout the biennium to develop WHO guidelines for environmental noise, which would assess sources (such as aircraft, railways, roads, wind turbines and personal electronic devices), consider particular settings (such as residences, hospitals, educational settings and public venues) and review the evidence on the health benefits of mitigation and interventions to decrease levels of noise. They would provide guidance to European Member States compatible with the indicators used in the EU Directive on Environmental Noise.

Environmental sustainability in health systems

105. The Regional Office's work to address the seven priority areas included publishing a review of evidence that provided a compelling rationale for fostering environmental sustainability in health systems (see also section 6). Because improved environmental sustainability can yield benefits for patients, practitioners, health-system functions and the environment, and supports the strategic objectives of Health 2020, the Regional Office held the latest in a series of technical and policy workshops on the subject in October 2016 at its WHO European Centre for Environment and Health. Experts in health systems and representatives of Member States, United Nations agencies and NGOs discussed the promotion and management of environmental sustainability in health systems and provided input to the Ostrava Conference.

106. Building the evidence that health systems can strongly affect the environment both negatively and positively, the Regional Office published a strategic document in 2017, with a vision for an environmentally sustainable health system: one that improves, maintains or restores health, while minimizing negative effects on the environment and leveraging opportunities to restore and improve it, to the benefit of the health and well-being of current and future generations. The publication proposed 10 avenues for action that can form the core of a strategy for fostering environmental sustainability in health systems. The Regional Office's work to improve WASH in health-care facilities, described above, formed part of its efforts to support the development of environmentally sustainable health systems.

3. Health emergencies: a unified approach

107. In 2016–2017, the WHO Regional Office for Europe worked with Member States and partners, particularly EU institutions, to take a unified approach to helping Member States strengthen their preparedness for, surveillance of and responses to health emergencies.

Reform of WHO's work in outbreaks and emergencies: walking the talk

108. Leadership by the WHO Director-General, support from the GPG and input from throughout WHO, including the Regional Office and country offices, and partner organizations resulted in the creation of the new WHO Health Emergencies Programme, which began operations on 1 October 2016. It has a single workforce, workplan and budget and administration, with a single line of accountability. It updates WHO's mandate, from primarily a technical and normative agency to a fully operational organization in emergencies; works in synergy with all WHO technical programmes and partners; and addresses the full cycle of health-emergency management. In the European Region, the Programme's priorities are:

- to support all-hazards, interdisciplinary national preparedness for health emergencies;
- to strengthen countries' core capacities to implement the International Health Regulations (IHR), while ensuring linkages with health systems and essential public health functions; and
- to help Member States to draw up their own national health plans and coordinate joint external evaluations, after-action reviews, simulation exercises, risk and needs assessments, emergency risk communications and infectious-hazards management.

109. To ensure that Member States were fully informed and to secure their input, the Regional Office not only included discussion of the Health Emergencies Programme on the agenda of the 2016 Regional Committee but also held an informal briefing on it before the session began. The Regional Committee welcomed the Programme, stressed the crucial role of WHO in coordinating prompt action and providing authoritative information during health emergencies, and expressed concern about the shortfall in the Programme's financing. The WHO Regional Director for Europe reported to the 2017 Regional Committee that the Programme was fully functional; new standard operating procedures were in place and the updated Emergency Response Framework was already being implemented. Representatives welcomed this news.

110. At the end of 2017, the Regional Office hosted the First Global Face to Face Meeting of the WHO Operational Readiness Task Force, welcoming participants from all six WHO regions. The participants agreed on five well defined priorities to scale up operational readiness in countries.

Response to emergencies and public health threats

111. The Regional Office is constantly on the alert; its health-emergency information and risk-assessment team operates at all times, screening more than 20 000 signals every year to detect public health events on time, in close collaboration with Member States and partners,

including EU institutions and agencies. The Regional Office assesses about 10% of the screened signals in more detail. Between 1 January 2016 and 31 December 2017, it classified 94 acute public health events as having serious public-health impact and/or potential international implications, which led to a response or other follow-up. It conducted detailed risk assessments of these events, using the global WHO methodology. All 94 events were closely followed up with national authorities, staff of WHO country offices and partner organizations, with a varying level of technical support provided. Six events triggered field deployment of WHO staff to support affected Member States' response. Of the 94 events, 26 were notified to WHO through IHR channels, and therefore did not require verification. For the remaining 68, the Regional Office sent a verification request to the relevant National IHR Focal Point. The Regional Office also supported Member States in developing or improving their capacity for risk assessment, and provided timely and effective emergency risk communications to targeted audiences.

112. To enhance WHO support to countries in times of crisis, the Regional Office held a workshop in Vienna, Austria, in September 2017 for over 30 of its staff, who worked in 17 countries in the Region: Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Georgia, Kazakhstan, the Republic of Moldova, Romania, the Russian Federation, Serbia, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine and Uzbekistan. Under different crisis scenarios, trainees learned what to do when an emergency arises in a country, starting with preparing a hazard-specific contingency plan for a WHO country office; how to assist partners and the health ministry in preparing collaborative plans; and how to develop a preparedness plan and make it operational through an action plan. The training formed part of the WHO Health Emergencies Programme's work to increase staff and country capacity.

Two large-scale, protracted emergencies

113. In 2016–2017 the Regional Office responded to protracted emergencies in the Syrian Arab Republic and Ukraine.

114. As a result of years of conflict in the Syrian Arab Republic, 5 million people sought refuge in neighbouring countries, more than 6 million were internally displaced and 13.5 million within the country needed humanitarian aid. WHO and its health partners provided medical services to people in need in the northern part of the Syrian Arab Republic. The “whole of Syria” approach, managed by the Regional Office from its Country Office in Ankara and its field office in Gaziantep, Turkey, brought together health and humanitarian actors working in both countries to increase the effectiveness of their response. WHO provided a wide range of medical training and vaccination campaigns, supported early-warning systems for diseases, maintained supply lines for medicines and medical supplies to health care facilities in northern areas of the country; and called for increased political and donor attention and humanitarian support. WHO was actively involved in the medical evacuation of people with severe illnesses to Turkey for treatment.

115. With Save the Children, the Gaziantep office coordinated the health cluster, involving more than 45 medical organizations, for the northern Syrian Arab Republic. In the second half of 2017, WHO launched an integrated primary health care network to improve health services in this area. Working with six Syrian non-profit-making health partners, the Gaziantep office mapped communities and health services to streamline and organize the network. The new system provided health services through 10 health facilities, run by six health cluster partners,

for a population of 70 000 people. WHO and its partners intended to expand the network gradually, to include other facilities and cover up to 180 000 people in area with the largest concentration of displaced people.

116. In response to a poliomyelitis (polio) outbreak in the eastern part of the Syrian Arab Republic, in summer 2017 the Regional Office and UNICEF procured vaccines for the Gaziantep office for a vaccination campaign that reached nearly 200 000 Syrian children. The Syria Immunization Group, a member of the health cluster, carried out the campaign, whose costs were funded by the Department for International Development, United Kingdom. The Gaziantep office also supported training for Syrian health care workers: online courses on NCDs for those in besieged areas in June 2017, and face-to-face training in dealing with a possible cholera outbreak in October. In response to increased fighting, WHO accelerated its regular shipment of surgery and trauma kits from the Gaziantep field office in September 2017.

117. WHO programmes in Turkey, which supported over 3 million refugees (mainly from the Syrian Arab Republic), were funded by European Commission Directorate-General for Civil Protection and Humanitarian Aid Operations (ECHO), the United Nations Office for the Coordination of Humanitarian Affairs, and the governments of China, Kuwait, Norway and the United States of America. WHO supported immunization campaigns carried out by the Turkish Ministry of Health; and the maintenance of supply lines for medicines and supplies to health-care facilities. It helped the Ministry and health-sector partners to ensure access to high-quality health services for refugees in Turkey through 85 migrant health centres. This work included training 850 Syrian health staff to work in the centres, and training both Syrian and Turkish physicians in mental health services and diagnosing and treating diabetes, asthma, hypertension, pulmonary diseases and other NCDs. In May 2017, the WHO Regional Director for Europe inaugurated the first training centre on refugee health, in Ankara. WHO also supported the Ministry of Health in communicating with host communities and providing public health advice to refugees. By the end of 2017, about 2000 Syrian doctors, nurses and translators had been trained to provide primary and secondary care. This new model in Turkey proved effective for ensuring universal access of refugees to health, setting a good example for other countries in similar situations. In Ukraine, 3.4 million of the 5 million people affected by the crisis were considered to be highly vulnerable and to need humanitarian health assistance. WHO continued to lead the health and nutrition cluster in Kyiv, and work through three field offices (two in areas not controlled by the Government and one located close to the contact line) to provide primary health care, medicines, ambulances and other essential medical items. In partnership with ECHO and the governments of Canada, Israel, Italy and Norway, WHO accelerated its support and increased human resources to deliver medical supplies and medicines to treat hundreds of thousands of people. In 2016 alone, WHO and partners set up 35 mobile emergency primary health care units that operated along the contact line, where the provision of health services had been cut or severely disrupted; they gave over 230 000 consultations, mostly to internally displaced people. The Regional Office also supported work to contain a measles outbreak and increase routine immunization. The response operations in Ukraine focused on recovery and rehabilitation, and development of the health system, and were supported by advocacy and communications efforts.

118. Declining funding was an important problem in 2017, despite generous contributions by Canada, Germany and Italy. For World Humanitarian Day, 19 August, the Regional Office highlighted urgent humanitarian health needs in eastern Ukraine, recognized the critical and often dangerous work of health professionals in delivering services to those most in need and

called on the donor community to enable WHO and its partners, inside and beyond the United Nations, to support the Ministry of Health, continue to protect civilians from hostilities and support health facilities in conflict-affected areas.

119. The Regional Office scaled up communication and advocacy to engage political and financial support for WHO operations in and from Turkey and in Ukraine, using a variety of media. This included publishing an annual report on the health status of the Syrians affected by the crisis and the needs of response efforts.

Zika virus disease

120. The outbreak of Zika virus disease provided an opportunity to test the WHO Health Emergencies Programme's new response procedures. The Regional Office established an incident-management system for the Region, following the global structure, right after the WHO Director-General declared the consequences of the outbreak a public health emergency of international concern under the IHR, in February 2016. It published a Zika virus risk assessment for the European Region, to support countries in targeting preparedness work and prioritizing activities for early detection and response, in May 2016, and held a European technical consultation in Lisbon, Portugal, in June. The 80 participants from 18 European countries recommended the better integration of all four pillars of Zika virus response – vector control, disease surveillance, laboratory testing and emergency risk communications – and called on the Regional Office to support Member States with guidance, standards, templates and training.

121. In December 2016, the Regional Office hosted a global meeting on classifying countries according to the risk posed by Zika virus, aimed at reaching a consensus on common classification by WHO and key partners, such as the Centers for Disease Control and Prevention (CDC) and ECDC. WHO published the updated classification scheme in March 2017.

122. Although no autochthonous Zika virus transmission was detected in the European Region, the Regional Office continued to monitor the situation closely. It also worked to build countries' capacities to deal with invasive mosquitoes and re-emerging vector-borne diseases by, for example, publishing guidance on emergency risk communications on Zika and mosquito-borne diseases (see below and section 5).

123. In 2017, the Regional Office published a manual, with an app, to assist public health authorities in the European Region to communicate in response to possible outbreaks of Zika virus disease, and other mosquito-borne diseases. This enabled European countries to apply the lessons learned from the experience of other regions to the European context, and to develop a plan to communicate the risks arising from emergencies.

Operational partnerships

124. The Regional Office helped countries strengthen their capacities for emergency preparedness and response through partnerships. For example, in May 2017, the WHO Regional Director for Europe and the Minister of Health of Turkey signed a host agreement to establish a new GDO, the WHO Office for Humanitarian and Health Emergencies Preparedness, in Istanbul. The Office would expand WHO's capacity to help countries, particularly focusing on strengthening capacities to implement the IHR and standards for

emergency medical teams, multicountry simulation exercises and cooperation with experts in NCDs.

125. In 2016, WHO launched the Emergency Medical Teams Initiative to assist countries and organizations to strengthen health systems' response by coordinating the deployment of high-quality medical teams in emergencies. These expert teams provide direct clinical care to affected populations, according to WHO standards. In the European Region, WHO visited eight teams to verify their adherence to internationally agreed standards. Training activities in the European Region included the first WHO Emergency Medical Team Coordination Cell training courses in July 2016 and June 2017, and a regional workshop to train participants from Kazakhstan, Kyrgyzstan, Tajikistan, and Turkmenistan to further their capacity to deal with emergencies that require international emergency medical teams. The Regional Office also helped to plan, and took part in, several simulation exercises to test the deployment and coordination of emergency medical teams under field conditions, in Turkey in May 2016, Norway in September 2016 and Sweden in April 2017.

126. In cooperation with the Russian Federal Service for Surveillance on Consumer Rights Protection and Human Wellbeing and with support from the Government of the Russian Federation, WHO headquarters and the Regional Office organized the first European regional meeting of the Global Outbreak Alert and Response Network (GOARN) in October 2016 in Saint Petersburg. Over 100 experts in outbreak response from more than 40 countries called for full implementation of the plans for further development of GOARN and a dialogue with partners – particularly those from eastern European and Russian-speaking countries – to strengthen Europe's contribution to international outbreak response.

127. With the Regional Office, GOARN gave extensive training to 24 public health experts from 22 countries, to improve rapid and effective field response to outbreaks and health emergencies. The training took place in Portugal in July 2017, and provided a highly realistic field setting and employed a scenario-based simulation exercise in various locations. It tested technical, operational and logistical requirements to ensure a coordinated, effective response to an outbreak of unknown origin.

128. Further, as part of the One Health initiative and to support implementation of the IHR, the Regional Office supported an intersectoral approach to the prevention and control of foodborne and zoonotic infections. It held workshops and/or provided direct technical support to nine countries and areas. Partners in this work included ministries, food-safety agencies, public health authorities in countries; WHO country offices; the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (OIE).

129. Finally, to provide consistent guidance and tools to European Member States, the Regional Office strengthened the coordination of emergency risk communications with the European Commission and ECDC.

Managing infectious hazards

130. The Regional Office continued to support countries in infectious-hazards management: preventing and controlling high-threat pathogens, such as Ebola virus, Middle East respiratory syndrome coronavirus and pandemic influenza. For example, it made a systematic review of peer-reviewed and grey literature on outbreaks of such pathogens in 2006–2015.

131. To help prevent and control outbreaks caused by high-threat pathogens, the Regional Office provided technical support to countries and communities to strengthen national and international laboratory networks. This included prepositioning reagents, deploying technical field assistance, strengthening national response capacity and assisting in developing preparedness plans. As part of these activities, the Regional Office organized a workshop under the Better Labs for Better Health initiative (see section 6). Held in November 2017 in Sofia, Bulgaria, in collaboration with the Southeast European Center for Surveillance and Control of Infectious Diseases, the workshop enabled south-eastern European countries to discuss their laboratory preparedness in response to high-threat pathogens, and to identify gaps and needs. The participants agreed on the need for closer collaboration between the countries' diagnostic laboratories, and therefore expressed their willingness to establish cooperation between their laboratories and laboratory networks, and with the Regional Office, ECDC and other partners.

132. As part of the implementation of the global Pandemic Influenza Preparedness (PIP) Framework, in partnership with CDC and ECDC, and working through surveillance networks (including the Southeast European Center for Surveillance and Control of Infectious Diseases) and WHO collaborating centres in a wide range of countries, the Regional Office provided technical assistance for influenza and other respiratory pathogens to 17 countries and areas, and laboratory services to 13 countries and areas.

133. In September 2016, the Regional Office held a workshop to plan the PIP Framework's implementation in 2017 in the five countries in the European Region that receive funds from its Partnership Contribution mechanism: Armenia, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. The Regional Office provided technical assistance that resulted in all five countries' finalizing national guidelines for influenza surveillance, outbreak investigation and response, and clinical management of severe disease due to influenza. It held a workshop on pandemic preparedness for the newly independent States (NIS) of the former USSR in November 2016 in Georgia, to review vaccine strategies and enhance cross-border collaboration.

134. The PIP Framework Annual Meeting took place in September 2017 in Saint Petersburg, Russian Federation, in conjunction with a conference on trends in influenza research. It brought together the national focal points for PIP project implementation and for influenza laboratory surveillance from the five PIP priority countries, consultants and representatives of WHO headquarters, the Regional Office and WHO country offices. The participants received updates on the implementation of the PIP Partnership Contribution implementation plan for 2013–2017, and planned the development and priority areas of the plan for 2018–2023. Under the existing implementation plan, WHO donated information technology equipment to support the work of the influenza preparedness and response programme in Kyrgyzstan, in December 2017. The PIP Framework's achievements through 2017 were described in a 2018 issue of *Public Health Panorama*; the Regional Office implementation of the Framework gave an example of how country commitment, sustained funding and a solid methodological approach can lead to enhanced pandemic preparedness in countries.

135. With ECDC, the Regional Office conducted surveillance of influenza and published data from the WHO European regional influenza network in a weekly bulletin. The Regional Office also contributed to global WHO guidance and initiatives on the topic: the completion of guidance on the management of pandemic influenza risk, recommendations on the influenza strains to include in the vaccines for the 2016–2017 and 2017–2018 seasons in the

northern hemisphere, estimates of the disease and economic burden of influenza, and strategies for increasing risk groups' access to and uptake of seasonal influenza vaccine. The Regional Office published country profiles on surveillance in 2016 and would publish country profiles of vaccination policies and uptake on the European Health Information Gateway (see section 7) by mid-2018. With funding from the PIP Framework, the Regional Office arranged for participants in the surveillance network from Greece, Kazakhstan, the Republic of Moldova, the Russian Federation, Serbia and Slovenia to share their countries' results at Options IX for the Control of Influenza Conference, held in August 2016 in Chicago, United States of America, the largest international conference on influenza prevention, control and treatment.

136. Using the WHO Tool for Influenza Pandemic Risk Assessment, the Regional Office took part in multiple rounds of a process to estimate the risk that currently known zoonotic influenza viruses may have the ability to cause a pandemic.

137. The cornerstone of the Regional Office's work to increase access to and uptake of seasonal influenza vaccine is conducting annual surveys among all 53 Member States, using a joint reporting form, in coordination with a project led by ECDC. The Regional Office analysed seven seasons' data to understand trends since the 2009 pandemic and identify gaps. Published in January 2018 in *Vaccine*, the analysis showed a steady decline in influenza vaccination uptake in a number of European countries since the 2009 pandemic and low access to vaccines in lower-resourced countries. This is a serious concern not only for the protection of vulnerable groups against seasonal influenza but also for pandemic preparedness.

138. To promote vaccination against seasonal influenza, the Regional Office conducted its annual Flu Awareness Campaign in October 2016 and 2017. The 2016 Campaign focused on health care workers, as well as vulnerable groups, such as people who are pregnant or elderly or have chronic conditions. Twelve Member States (four more than in 2015) held campaigns: Bulgaria, Croatia, Estonia, Georgia, Latvia, Lithuania, Poland, Portugal, Romania, Slovakia, Slovenia and Ukraine. Using WHO's TIP FLU approach (an adaptation of the Tailoring Immunization Programmes (TIP) approach applied to influenza), Lithuania increased the uptake of seasonal influenza vaccine in pregnant women over two influenza seasons. Two more countries – Kazakhstan and Kyrgyzstan – joined the 2017 Campaign.

139. Furthermore, the Regional Office was instrumental in ensuring that four additional countries (Armenia, Bosnia and Herzegovina, Georgia and the former Yugoslav Republic of Macedonia) became eligible to receive bilateral funding from CDC for surveillance and response to influenza, in addition to five countries and areas that were already receiving such funding.

140. Finally, in 2017 the Regional Office published guidance on the prevention and control of influenza in long-term care facilities, a guide to revising national plans for pandemic influenza preparedness, and the Russian version of the WHO guide to inform and harmonize national and international pandemic preparedness and response.

Helping countries prepare for health emergencies

141. The Regional Office helped countries to prepare for and prevent health emergencies and strengthen their public health services. It analysed the results of three simulation exercises in

Turkmenistan to help the Ministry of Health and Medical Industry to prepare for the 5th Asian Indoor and Martial Arts Games, to be held in the country in September 2017, and to build the capacity of the country's public health services during and after the event. In addition, representatives of the Regional Office, UNICEF, UNESCO, UNFPA and other international and national participants attended a conference, held in April 2017 in Ashgabat, on using sports and high-profile sporting events such as the forthcoming Games to promote healthy diets, physical activity and gender equality (see section 4). Similarly, the Regional Office helped Ukraine prepare for the 2017 Eurovision Song Contest, held in Kyiv in May 2017, with a focus on assessing hospital safety and giving training on public health in mass gatherings. In April, WHO experts participated in a conference hosted by the Fédération Internationale de Football Association (FIFA) and the local organizing committee on promoting a healthy lifestyle and sport and ensuring a tobacco-free environment during the preparation and staging of the 2017 FIFA Confederations Cup and 2018 FIFA World Cup in the Russian Federation (see also section 5).

142. The Regional Office used the WHO Hospital Safety Index to assess the resilience to emergencies of 140 hospitals in 17 European countries in 2015–2017; this included training 93 experts – physicians, civil and maintenance engineers and emergency planning experts – from 17 European and six non-European countries. Assessments and training took place in Albania, Georgia, Kazakhstan, Kyrgyzstan, Malta, the Republic of Moldova, Slovenia, the former Yugoslav Republic of Macedonia, Turkmenistan and Uzbekistan. The training in Albania also involved experts from Bosnia and Herzegovina, Montenegro, Serbia and the former Yugoslav Republic of Macedonia. The training in Slovakia, which was financially and technically supported by WHO headquarters, enrolled experts from 10 countries in three WHO regions: Europe (Belarus, Belgium, Slovakia and Ukraine), South-East Asia and Africa. The Regional Office prepared a report to provide targeted recommendations on enhancing hospital safety and disaster preparedness in Kyrgyzstan at the end of 2017.

143. The Regional Office assisted Serbia and Malta in updating their national plans for health emergencies and assessed health-system capacities for crisis management in Malta and Azerbaijan. To link preparedness with health systems and essential public health functions, the Regional Office began developing a database for vulnerable countries in the Region that linked information on preparedness, health systems and economic, demographic and other relevant data.

144. The Regional Office helped to prepare and distribute guidelines and checklists for health ministries on how to prepare the health system for floods; assisted Georgia, Kyrgyzstan and Tajikistan in the earthquake-simulation exercises led by the United Nations Office for Coordination of Humanitarian Affairs; and worked to place emergency health kits in countries prone to natural and other hazards: Armenia, Bosnia and Herzegovina, Georgia, Kyrgyzstan, the Republic of Moldova, Tajikistan and Uzbekistan.

145. Furthermore, the Regional Office developed a five-step package to assess countries' capacities for handling emergency risk communications, including their ability to develop, test and adopt plans. In 2017, it conducted capacity-building initiatives in Kazakhstan, the Republic of Moldova, Sweden, Turkey, Turkmenistan and Ukraine and planned more in 11 countries and areas. As a result of this work, Turkmenistan developed, tested in a simulation exercise and adopted a national plan for emergency risk communication.

146. Finally, within the framework of the IHR, the Regional Office convened 14 entomologists, chemical experts, specialists in public and occupational health, and aviation experts to identify and agree on criteria for standard procedures for the elimination of insects from passenger aircraft. Meeting in Frankfurt, Germany in September 2017, the group started the preparatory work for the development of global standard procedures on mosquito control that will upgrade and extend to passenger aircraft those currently established for cargo flights. The development of new measures for passenger aircraft to prevent the spread of mosquito-borne diseases – such as malaria, Zika or chikungunya – requires globally agreed procedures. The meeting was also an opportunity to address identified gaps in guidance on procedures implemented in European countries.

Accelerating implementation of the IHR

147. In 2016–2017, the Regional Office carried out a range of activities to accelerate the use of the IHR, with the guidance of an SCRC subgroup. It reviewed the operational use of the IHR through reporting of public health events and pursued the four main elements of the monitoring and evaluation framework – annual reporting, after-action reviews, simulation exercises and joint external evaluations – to help countries make national plans for the further development of their core capacities and for health security, based on multisectoral commitment and domestic financial sustainability. In addition, the Regional Office submitted to the 2017 Regional Committee a report to provide the foundation for accelerating the implementation of the IHR in the WHO European Region by scaling up countries' capacities for better detection, preparedness and response. Prepared through extensive consultations with Member States and stakeholders, the document operationalized the draft global implementation plan, applying it to the European context, and proposed that the Regional Office develop a regional action plan. Aligned with the vision and values of the SDGs and Health 2020, the document called on countries to take an all-hazards and whole-of-society approach; prevent, prepare for and respond to all public health threats; and link emergency response to strengthening health systems and core public health functions. It had five priority areas:

- acceleration of country implementation of the IHR by strengthening the capacity of national focal points and building health systems that enable IHR capacities;
- improved monitoring, evaluation and reporting on IHR core capacities, through not only annual reporting but also simulation exercises, voluntary external evaluations and after-action reviews;
- improved event management, by ensuring a strong chain of health security at the local level;
- strengthening of laboratory capacities for better detection and verification (see section 6); and
- strengthening of WHO capacity to support IHR implementation.

148. The Regional Committee called the technical document a good basis for developing a regional action plan, aligned with the forthcoming five-year global strategic plan, for submission to the 2018 Regional Committee. The Regional Office accepted Member States' request that WHO continue leading on IHR implementation. Through the rest of 2017, the Regional Office not only worked to develop the action plan but also took action in all five priority areas (see also section 6).

Monitoring and evaluation of countries' core capacities

149. Albania, Armenia, Kyrgyzstan and Turkmenistan completed joint external evaluations by the end of 2016, and Latvia, Belgium, Finland, Liechtenstein and Switzerland (jointly) and Slovenia did so in 2017. The evaluations identified strengths and gaps in IHR core capacities and linkages with health systems, as well as showing the importance of multisectoral collaboration. Finland and Kyrgyzstan fed the results into developing national action plans for health security. As follow-up to the recommendations of joint external evaluations, the Regional Office planned, conducted and assessed three simulation exercises on the handling of an outbreak of infectious disease in Turkmenistan in March 2017 and supported the development of a national action plan in Kyrgyzstan in June 2017.

150. The Regional Office also developed a handbook for after-action-reviews and pilot-tested it in the Netherlands in early summer 2017. This handbook would form the basis for the development of a global tool by WHO headquarters. The Regional Office assembled a pool of external experts for the evaluations for input to the global roster, asking Member States for nominations.

Strengthening the capacity of national IHR focal points

151. The Regional Office started a series of events for the national focal points (NFPs) under the IHR, which are responsible for sharing information in countries, with WHO and internationally, in order to prevent, protect against, control and provide a public health response to the international spread of disease. It held the first annual meeting of NFPs in Saint Petersburg, Russian Federation, in February 2017, drawing attention to the need for them to be acknowledged by and to work with all government sectors. This would ensure adequate preparedness to respond to major threats.

152. The Regional Office held a workshop in October 2017 to engage representatives of the NFPs of 10 Member States, along with staff of WHO headquarters and partner organizations such as ECDC, in a peer-to-peer exchange of experiences and best practices with risk assessment and communication, event screening and management, information products and government structures' legal provisions for NFPs. The aim was to strengthen the participants' understanding of how NFPs function in countries, to elicit from them examples and best practices for addressing gaps and challenges related to their daily work to implement the IHR, and to strengthen communication both within the NFP network and with WHO about events that might constitute a public health emergency of international concern under the IHR. It planned a high-level meeting for NFPs in early 2018.

4. Antimicrobial resistance and communicable diseases: leadership, challenges and successes

153. In 2016–2017, the WHO Regional Office for Europe continued its leadership in combating the global public health threat of antimicrobial resistance (AMR), and responded to challenges and celebrated successes in tackling communicable diseases. As with most of its technical work, the Regional Office's efforts combined the development and implementation of Region-wide strategies, agreed after wide consultation with countries and partners and either preceding or aligned with global strategies, with tailored technical assistance to countries for surveillance and reporting, improved diagnosis and stronger health systems. The

European Region took concerted action, often within global frameworks, to address all these challenges and achieve the Health 2020 targets and the SDGs.

European leadership on AMR

154. Thanks to Member States' commitment, the European Region continued to lead the way and provide inspiration, experience and expertise to the global efforts to combat AMR (see also section 6). The implementation of the European strategic action plan on antibiotic resistance, adopted in 2011, would fully support the planned activities related to the EU's 2017 One Health Action Plan against Antimicrobial Resistance. WHO and the European Commission were in close communication to coordinate activities and avoid duplication of efforts.

Action plans and policy

155. Like the 2011 European strategic action plan on antibiotic resistance, the 2015 global action plan on AMR urged countries to develop national action plans, a call echoed by the 2016 United Nations General Assembly and the 2017 World Health Assembly. With FAO and OIE, the Regional Office held a workshop in Turkey in March 2016, for seven Member States in the early stages of developing national action plans on AMR: Albania, Belarus, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan and Uzbekistan. They followed up with a meeting in June 2017 on the implementation of national action plans for the central Asian countries, with participants representing the veterinary, food and health sectors in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan. The Regional Office also facilitated the formation of national intersectoral working groups and meetings of stakeholders, and supported the drafting and review of plans in such countries as Azerbaijan, Bulgaria, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Serbia, Tajikistan, Turkey, Turkmenistan, Ukraine and Uzbekistan. Turkmenistan, for example, launched its AMR strategy and action plan during two national meetings held during World Antibiotic Awareness Week 2017 (see below).

156. During the 2017 Regional Committee, the Regional Office held a technical briefing on responding to AMR, with the participation of ECDC and FAO. Representatives of Belarus, Denmark, Germany, Greece, Kazakhstan, the Netherlands and the United Kingdom shared their experiences with addressing multidrug-resistant TB in order to apply these lessons to implement the regional and national action plans on AMR.

157. With the Evidence-informed Policy Network Europe (see section 7), the Regional Office brought together representatives of Kazakhstan, Lithuania, Montenegro, Slovakia, Slovenia and the former Yugoslav Republic of Macedonia, in Budapest, Hungary, in October 2017, to draft evidence briefs for policies addressing AMR, summarizing the best available global and local evidence in a user-friendly format. The participants also learned how to organize and run efficient policy dialogues. The workshop allowed the participants to learn from each other's experiences and from interacting with peers from Hungary, the first country in the Region to develop an evidence brief for policy on AMR. In addition, the Regional Office drafted a policy brief on the cultural contexts (see section 7) of antibacterial resistance, to be published at the 2018 Regional Committee. It would provide a framework that policy-makers and practitioners could use to incorporate cultural sensibilities into interventions.

Surveillance

158. The Central Asian and Eastern European Surveillance of Antimicrobial Resistance (CAESAR) network – a joint initiative of the Regional Office, the European Society of Clinical Microbiology and Infectious Diseases and the National Institute for Public Health and the Environment, Netherlands – expanded its work in 2016–2017. During World Antibiotic Awareness Week 2016, the Regional Office published the CAESAR network’s second annual surveillance report: the first to provide an overview of AMR in the 37 European Member States that collect national data, as it included maps with data from both CAESAR and the EU’s European Antimicrobial Resistance Surveillance Network (EARS-Net), which is coordinated by ECDC. The Regional Office published the third CAESAR surveillance report during World Antibiotic Awareness Week 2017, and maps with joint EARS-Net and CAESAR data were made available through the European Health Information Gateway (see section 7).

159. The CAESAR network continued to support the remaining Member States in strengthening their surveillance capacity through training and pilot projects, to complete the Region-wide picture. The Regional Office and its partners held annual CAESAR network meetings in the Netherlands and Austria in 2016 and 2017, respectively, and supported national network meetings in Albania, Armenia, Belarus, Bosnia and Herzegovina, Georgia, Montenegro, Serbia, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey and Ukraine, as well as Kosovo.¹ In 2016–2017, four more countries started contributing data (Bosnia and Herzegovina, Georgia, Montenegro and the Russian Federation); more national reference laboratories were established, Salmonella was included for surveillance in the CAESAR network; more laboratories participated in the CAESAR external quality assessment and several countries took part in a proof-of-principle study to introduce sustainable practices for routine sampling into a country to improve patient treatment (antibiotic stewardship) and build the foundation for national AMR surveillance.

160. The Regional Office completed a pilot proof-of-principle study in Georgia in December 2016, and published an evaluation of it in 2017. The study enabled Georgia to provide surveillance data for the 2017 CAESAR annual report for the first time. A proof-of-principle study started in Armenia in 2017, and further study was planned in Tajikistan and Uzbekistan.

161. The experience gained through CAESAR’s activities supported the development and implementation of the Global AMR Surveillance System, hosted by WHO headquarters.

Building capacity

162. The Regional Office carried out a range of other activities to build capacity in countries. For example, in February 2016 and March 2017, the Regional Office and partners in the Netherlands – the Royal Tropical Institute and the National Institute for Public Health and the Environment, respectively – trained consultants to assist countries. The first event focused on the implementation of quality management systems in laboratories on AMR. The second was a training-of-trainers workshop, involving staff from WHO headquarters and the regional offices for Europe, the Eastern Mediterranean and South-East Asia, and the Pan American Health Organization.

¹ In accordance with United Nations Security Council resolution 1244 (1999).

163. In addition to work to strengthen laboratory capacity and data management, the Regional Office launched new initiatives to build health care workers' capacity for antimicrobial stewardship and infection prevention and control. These activities included: a table-top simulation exercise in Estonia in April 2016, to improve hospitals' capacity to respond to highly infectious diseases; a five-day training course in for microbiologists and clinicians of the national AMR centre of Uzbekistan, held in November–December 2016; and a two-day course to provide a practical introduction to antibiotic stewardship in hospitals, which the Regional Office held in January 2017 in the former Yugoslav Republic of Macedonia, in collaboration with the WHO Country Office, the former Yugoslav Republic of Macedonia; the European Society of Clinical Microbiology and Infectious Diseases Study Group for Antibiotic Policies; and institutions in the country. The Regional Office held a workshop in September 2017 in Germany, to identify good practices in infection prevention and control and effective interventions with national focal points from 11 countries: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Montenegro, the Republic of Moldova, the Russian Federation, the former Yugoslavian Republic of Macedonia and Ukraine. It also introduced the new WHO guidelines on core components of programmes for infection prevention and control in countries and in facilities providing acute health care.

164. The Regional Office also continued to develop guidance on the development of targeted campaigns to change behaviour, such as the appropriate prescription of antimicrobial medicines, adhering to practices for infection prevention and control, and controlling over-the-counter sales of antimicrobial medicines. The Regional Office conducted pilot tests of the guidance in Sweden and the United Kingdom in 2016, and planned them in Hungary, Kazakhstan and the former Yugoslav Republic of Macedonia in 2018.

165. In addition, the Regional Office – in collaboration with ECDC and other partners, particularly Her Royal Highness The Crown Princess of Denmark – supported countries in marking the second World Antibiotic Awareness Week in November 2016. Her Royal Highness not only made a statement supporting the Week but also stressed the issue of AMR when she visited the Republic of Moldova in November, with the WHO Regional Director for Europe.

166. Forty-seven of the European Region's 53 Member States reported activities during the Week, which focused on health workers' vital role in defending the power of antibiotics. The Regional Office provided financial support to a variety of awareness campaigns in Albania, Armenia, Bosnia and Herzegovina, Bulgaria, Croatia, Georgia, Kazakhstan, Kyrgyzstan, Lithuania, Montenegro, Poland, the Republic of Moldova, Romania, the Russian Federation, Slovakia, Slovenia, Tajikistan, the former Yugoslav Republic of Macedonia, Uzbekistan and Ukraine. The Regional Office designed the global campaign in collaboration with WHO headquarters and provided countries with campaign materials, took part in roundtable meetings and social-media events, published the personal stories of health-care workers across the Region, translated Public Health England's Antibiotic Guardian campaign into Russian and Turkish to expand its reach and urged health care workers and members of the public across the Region to become antibiotic guardians, pledged to make better use of antibiotics to prevent them from becoming obsolete.

167. The majority of countries in the European Region marked the third World Antibiotic Awareness Week, in November 2017, focusing on the link between proper hand hygiene and controlling AMR. To support the event, the Regional Office and ECDC developed and

distributed a joint media toolkit for the first time. An evaluation of countries' activities showed that:

- 83% of reporting countries used the campaign materials;
- 72% developed their own materials, and most translated the campaign materials into local languages;
- 81% involved the media;
- 72% used social media to share messages, mainly via Facebook and Twitter; and
- most countries held one or more events during the Week.

168. Two CAESAR members, Serbia and Turkey, announced declining trends in antibiotic consumption to mark the Week. As well as technical support, the Regional Office provided financial support to 24 countries.

Combating communicable diseases: challenges and successes

169. In 2016–2017, the Regional Office responded to the challenges arising from communicable diseases and worked to sustain the steady but fragile progress on the control of vaccine-preventable diseases.

170. The Regional Committee adopted new action plans on HIV and hepatitis, which aimed to end these public health threats by 2030. Both had five strategic directions: information for focused action, interventions for impact, delivering for equity, financing for sustainability and innovation for acceleration. The Regional Office developed these plans through its established Region-wide participatory process, with input from technical consultations and advisory committees, and making use of feedback from Member States, partners, and civil society and patients' organizations. A ministerial lunch at the 2016 Regional Committee session explored how the lessons learned from the eradication of polio from the European Region could be applied to current efforts to eliminate measles and rubella, mother-to-child transmission of HIV and congenital syphilis, and to maintain the Region's new malaria-free status. The Regional Office also sought to maintain the momentum in the implementation of the European Vaccine Action Plan 2015–2020. Finally, the Regional Office strengthened use of global and European health days to communicate its messages and advocate action.

Responding to the alarming HIV/AIDS situation

171. While new HIV infections were falling globally, new diagnoses had risen by 75% within the European Region in 2006–2015. Surveillance data published by the Regional Office and ECDC in 2016 indicated that the eastern part of the Region, where the number of new diagnoses had more than doubled in the previous decade, was driving the growth of the HIV epidemic, which was concentrated in vulnerable groups. The number of people on antiretroviral therapy increased, but not by enough. At the 2016 Regional Committee, Member States reinvigorated their political commitment to do more: to test and treat all by adopting the action plan for the health-sector response to HIV in the WHO European Region.

172. Aligned with global and regional policies and strategies and built on the lessons learned from implementing the previous action plan, the new action plan called for ending the AIDS epidemic as a public health threat by securing zero new HIV infections, zero AIDS-related deaths and zero HIV-related discrimination by 2030. It called on Member States to review and

revise their HIV strategies and targets, prioritizing key populations; to strengthen prevention and implement an essential package of services; and to strengthen political commitment and ensure sustainable financing. In welcoming the new plan, Member States stressed the need to strengthen monitoring across countries, focus on high-risk groups, tackle stigma and involve civil society and groups at high risk. Representatives of the Global Fund to Fight AIDS, Tuberculosis and Malaria; UNAIDS and several NGOs all extended their support for the plan. At the 2017 Regional Committee the WHO Regional Director for Europe noted that the alarming continued growth of the epidemic in the eastern part of the Region situation required urgent action focused on the affected countries and full implementation of the action plan, using evidence-based policies to reverse the epidemic.

173. A range of Regional Office activities supported countries' efforts to reverse the HIV epidemic. For example, to establish a pool of clinical consultants and update them with the latest WHO recommendations, in August 2017 the Regional Office organized master training for 23 practising HIV clinicians from 14 countries in the Region where HIV is a priority. Experts from WHO headquarters and the Regional Office and clinicians from Denmark and Spain worked to equip participants to transfer knowledge on HIV treatment and care to colleagues in their countries.

174. In September 2017, with UNAIDS and other partners, the Regional Office brought together managers of national HIV programmes in the countries of eastern Europe and central Asia and other countries outside the EU and European Economic Area. The 72 participants comprised representatives of 15 countries and several partner agencies, civil society organizations and WHO headquarters, country offices and collaborating centres. They described and exchanged experiences with national HIV action plans and strategies, and their financing; reviewed WHO guidance, tools and policies and the status of their implementation; addressed cross-cutting issues and opportunities, particularly in addressing co-infections and vulnerable populations; and discussed best practices.

175. Further, the Regional Office worked with individual countries to implement the action plan. Through its BCA with the former Yugoslav Republic of Macedonia, for example, it supported the organization of the 2016 national HIV/AIDS awareness campaign in connection with World AIDS Day, as part of a project funded by the Global Fund; and supported the development of the country's national strategy for HIV/AIDS for 2017–2021.

176. The Regional Office also intensified its technical cooperation with the Russian Federation and Ukraine. In April 2017, the Ministry of Health of the Russian Federation and WHO officially established the High-level Working Group on HIV, following the pattern of the successful group on TB. The Working Group enabled national and international experts to exchange knowledge and experience of effective interventions to address HIV, establish thematic working groups to review evidence and best practices, and make recommendations to the Ministry for further decisions. Ukraine showed early signs of the stabilization of the number of new infections, as more people had access to an optimized treatment regimen and harm-reduction for those who inject drugs. WHO supported Ukraine in developing a breakthrough clinical protocol for HIV infection that will put the country on the fast track to scaling up HIV treatment and care. On World AIDS Day 2017, the Ministry of Health discussed the international review of and recommendations on the protocol in order to conclude the work. In addition, in August and September 2017, the Regional Office organized a master training course on optimal antiretroviral treatment for HIV for 15 countries in the

Region, and, with IOM, UNAIDS and other partners, organized a workshop on an essential package of HIV services for migrants in central Asia, respectively.

177. WHO's work with UNAIDS, UNFPA and UNICEF achieved welcome success in eliminating mother-to-child transmission of HIV and syphilis. Belarus eliminated the transmission of both diseases; Armenia, HIV; and the Republic of Moldova, syphilis. The ministers of health of the three countries received certificates of elimination validation in June 2016. Georgia and Kazakhstan accelerated their efforts to achieve validation of elimination, and the Republic of Moldova planned to apply for validation of the elimination of mother-to-child transmission of HIV.

178. The Regional Office continued its annual surveillance and reporting with ECDC, and published WHO's consolidated guidelines on HIV testing services and the use of antiretroviral drugs for treating and preventing HIV in Russian. The surveillance data published in 2017 showed that the proportion of patients who were diagnosed late was rising with age, and was higher among people infected through heterosexual contact and injecting drug use than those infected through other transmission routes. In addition, the Regional Office held a workshop with ECDC and UNAIDS in April 2017 to estimate HIV incidence in countries in western and central Europe and North America.

179. To mark World AIDS Day on 1 December 2016 the Regional Office promoted the action plan and the new surveillance data released with ECDC. The report revealed that the cumulative number of HIV cases in the WHO European Region had risen above 2 million, with 153 000 new HIV cases in 2015: the highest annual number since reporting began in the 1980s. The Regional Office used these data to call for implementation of the action plan, and specific action in different parts of the Region:

- prevention and control interventions addressing men who have sex with men in western and central European countries; and
- the delivery of integrated prevention, testing and treatment services for people at risk of sexual and drug-related HIV transmission through health systems that better address the social determinants of health in eastern European countries.

180. Thirteen Member States – Armenia, Belarus, Bosnia and Herzegovina, Georgia, Kyrgyzstan, Latvia, Lithuania, the Republic of Moldova, the Russian Federation, Serbia, the former Yugoslav Republic of Macedonia, Turkey and Ukraine – reported to the Regional Office on their World Aids Day campaigns.

181. In 2017, World Aids Day focused on the need to be tested for HIV, supporting the event with an exceptionally successful social media campaign. Activities in countries included, for example, the WHO Country Office, Turkmenistan, and the United Nations Country Team's Health Group, stressing the importance of testing. They offered easy, free, fast and confidential HIV testing at a mobile laboratory on the premises of the Country Office and held a "Get Tested" dialogue with representatives of United Nations agencies and embassies in the country.

182. The Regional Office also focused some activities on both HIV/AIDS and viral hepatitis, such as a technical consultation on the dissemination of the WHO guidelines on both issues for the countries of eastern Europe and central Asia in September 2016 in Belarus. The participants comprised the heads national programmes on HIV and on hepatitis from 12

eastern European and central Asian countries (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan) and representatives of partner organizations, such as UNAIDS, the United States Agency for International Development (USAID), UNICEF, UNFPA, UNODC, UNDP, the Global Fund, CDC, ECDC and civil society organizations. In most countries in the Region, HIV testing services are inadequate, and access to services for HIV and viral hepatitis prevention, treatment and care is limited. WHO therefore recommends that countries prioritize, fund and support such services, and remove health, social and legal barriers to equitable access to testing services. As many people living with HIV and/or viral hepatitis B are unaware of their status, the Regional Office urged Member States to take part in the EU European HIV–Hepatitis Testing Week, held in November 2016 and 2017, to raise awareness of the benefits of HIV and hepatitis testing and so contribute to earlier diagnosis and access to treatment and health-care services. European Testing Week 2017 was aligned with World AIDS Day in raising awareness on the issue of late diagnosis of HIV infection. Over 650 organizations and individuals pledged their support for the Week. WHO supported countries across the Region to join the initiative and encouraged them to provide information on diagnostic approaches for HIV and hepatitis B and C and to test people through community-based initiatives.

Responding to viral hepatitis

183. The action plan for the health-sector response to viral hepatitis, adopted by consensus by the 2016 Regional Committee, was the first of its kind in the WHO European Region. Representatives welcomed its alignment with global efforts and its provision of a concrete roadmap that countries could adapt to their circumstances and resources.

184. To end viral hepatitis as a public health threat by 2030, an increasing number of countries scaled up their responses, developing national action plans and updating national guidelines and policies with the support of the Regional Office, and improving access to treatment. With ECDC and the European Monitoring Centre for Drugs and Drug Addiction, the Regional Office worked to develop a framework for monitoring countries' responses to viral hepatitis, and improving surveillance systems. It also supported such countries as Georgia, Kyrgyzstan, Romania, the Russian Federation, Turkmenistan, Ukraine and Uzbekistan to scale up their responses to viral hepatitis in 2017.

185. Low-endemicity countries in the WHO European and Americas regions reported an unusual increase in cases of hepatitis A, affecting mainly men who have sex with men, between June 2016 and mid-May 2017. In response, WHO requested countries to report to the WHO regional IHR contact points any further such unusual increase, especially in view of the limited availability of hepatitis A vaccine worldwide and the national and international lesbian, gay, bisexual, and transgender pride festivals scheduled to take place between June and September 2017, including the World Pride Festival, held in Madrid, Spain. WHO assessed the risk for transmission of hepatitis A in Spain by food- and water-related routes as low to moderate, but the risk of person-to-person sexual transmission as moderate to high. It therefore repeated its advice for low-endemicity countries to routinely offer vaccination to individuals at increased risk and made specific recommendations for people attending the World Pride Festival.

186. In addition to participating in European HIV–Hepatitis Testing Week, the Regional Office promoted awareness and action through World Hepatitis Day, 28 July 2016, by

speaking out on hepatitis: telling the stories of patients from across the Region. The theme for 2017 was the elimination of the disease. To mark the Day in 2017, the Regional Office called on all Member States to scale up routine coverage of hepatitis B vaccination. It also cited examples of good practice: Georgia, for showing how a strong national plan could guide a country towards elimination; Norway and the United Kingdom, for becoming the latest countries in the Region to add hepatitis B vaccination to their routine childhood immunization schedules; and the Republic of Moldova, for expanding access to treatment. The Regional Office had also stressed the importance of vaccination against hepatitis B during European Immunization Week in April 2017.

Ending TB by 2035

187. Owing to concerted efforts by countries, WHO and partners, TB incidence in the European Region showed the fastest decline in the world: an average of 4.3% during 2011–2015. Nevertheless, TB caused 323 000 new cases and 32 000 deaths in Europe every year in that period. The overall rate of successful treatment for people with multidrug-resistant TB (MDR-TB) in the Region had risen 51%, but remained far under the target of 75%. These conditions called for accelerated implementation of the Tuberculosis Action Plan for the WHO European Region 2016–2020, so that the Region could achieve the goal of the global End TB Strategy: ending the TB epidemic by 2035. In 2016–2017, the Regional Office worked with countries and partners at the global, regional and country levels to strengthen prevention, diagnosis and treatment as health systems' response to TB.

188. With countries and partners, the Regional Office marked World TB Day in March 2016 and 2017. During the Netherlands' Presidency of the EU in 2016, the Regional Office, the Office of the United Nations Secretary-General's Special Envoy on HIV/AIDS in Eastern Europe and Central Asia and the Permanent Representation of the Netherlands to the EU held a roundtable meeting in Belgium to discuss possible next steps to more efficiently combat TB and HIV/AIDS. In addition, the Regional Office devoted the March 2016 issue of its journal, *Public Health Panorama*, to describing the situation and treatment of TB in central Asian countries. TB/HIV co-infection was the theme of the Day in 2017; WHO developed and shared a comprehensive advocacy and information package with Member States to support their activities. In Ukraine, for example, the WHO Country Office carried out an advocacy campaign and held a high-level meeting.

189. In addition, the WHO Regional Director for Europe, the President of Slovakia and the President of the International Union Against Tuberculosis and Lung Disease opened the 7th Conference of The Union Europe Region, held in June 2016 in Bratislava. The Regional Director's speech to the 600 participants stressed the need for intersectoral work to improve health in line with Health 2020 and the 2030 Agenda for Sustainable Development, leaving no one behind.

190. In dialogue with Member States, the Regional Office provided technical input to WHO headquarters' preparations for the WHO Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era: a Multisectoral Response, held in November 2017 in Moscow, Russian Federation. The Conference brought together delegates from 114 countries, was attended by the WHO Director-General and the WHO Regional Director for Europe, and adopted a declaration in which 75 ministers agreed to take urgent action to end TB by 2035. At the core of the Moscow Declaration is the collective commitment to scale up action on four fronts: achieving UHC, mobilizing sufficient and

sustainable financing to close gaps in implementation and research, advancing research and development, and building accountability, including through multisectoral approaches. The Conference also provided important input towards the United Nations General Assembly high-level meeting on the fight against TB, to be held in 2018.

Supporting surveillance, monitoring and laboratory diagnosis

191. With ECDC, the Regional Office led surveillance and the monitoring of response, and worked to strengthen countries' surveillance networks. The Regional Office and ECDC released their annual surveillance reports in March, addressing the themes of World TB Day. The 2016 report stressed the importance of care for vulnerable, poor and marginalized populations, and the 2017 report showed that, despite the progress made in reducing TB incidence and mortality, new TB/HIV co-infections had increased by 40% in 2011–2015, highlighting the need for testing TB patients for HIV and vice versa, along with counselling and rapid treatment. The partners held a meeting of the European Tuberculosis Surveillance Network in May 2017 in the Netherlands, to update the participants on: the status of the TB epidemic in the Region and progress towards elimination; the role of molecular typing in TB surveillance and management; and the outcomes of the analysis of TB's impact and the assessment of surveillance systems in 13 European countries. Further, with support from USAID, the Regional Office assessed the TB surveillance systems and analysed the epidemiological impact of the disease in seven countries and areas.

192. The Regional Office worked to strengthen laboratory diagnosis through efforts such as its European TB Laboratory Initiative (ELI). The members of the ELI core group came from 10 countries: Armenia, Azerbaijan, Belarus, Georgia, Germany, Kyrgyzstan, the Russian Federation, Sweden, Tajikistan and the United Kingdom. With the support of USAID and the Government of Germany, ELI developed comprehensive algorithms for the diagnosis and treatment-monitoring of pulmonary TB and MDR-TB using rapid molecular techniques recommended by WHO, with technical input from WHO headquarters, the Regional Office and the regional Green Light Committee.

193. The Regional Office held meetings of ELI core members in February and November 2016, and a joint meeting of ELI members with the partners in Better Labs for Better Health (see section 6) in December 2016. The November meeting was supported by USAID. The joint meeting, held in Georgia, brought together more than 60 participants from over 20 countries in the Region, as well as representatives of WHO headquarters, the Regional Office and the WHO Country Office, Georgia; CDC; FIND Diagnostics, an international NGO; and the ECDC European Reference Laboratory Network for TB. In Georgia, the ELI core group members approved the diagnostic algorithms; and ELI members exchanged knowledge and experience with the members and partners of Better Labs for Better Health. In 2017, the Regional Office published the algorithms in English and Russian and gave training on their use in Azerbaijan, Kyrgyzstan, the Russian Federation, Ukraine and Uzbekistan. The algorithm was implemented in Belarus and Kyrgyzstan, and was undergoing the process to secure the approval of the countries' health ministries.

194. Further, ELI and its secretariat at the Regional Office conducted a regional workshop on TB and MDR-TB diagnostics in August 2017, followed by a meeting of the ELI core group members. The workshop brought together ELI core group and ELI members, including 17 heads of national TB reference laboratories in the Region, with international experts, to

strengthen the technical capacity to diagnose MDR-TB and to advance laboratory biosafety measures using state-of-the-art techniques.

Strengthening health systems' response

195. The Regional Office's work to help countries strengthen their health systems' response to TB involved a wide range of partners, took a variety of forms and included work with both single countries and groups.

196. The Regional Office set up the European Tuberculosis Research Initiative to advance TB-related research in the WHO European Region, to innovate to reduce people's suffering and end TB. It set up both a core group of 13 experts from a range of countries and a network of stakeholders. The Regional Office held meetings of the core group in November 2016 and January 2017, to start to set a TB research agenda for the Region. Members of the European Tuberculosis Research Initiative Core Group and the secretariat at the Regional Office devised 76 research questions covering three thematic areas: research on epidemiology and drivers of disease; research in the basic sciences, and on new tools, drugs and vaccines; and operational aspects of intersectoral cooperation. In November 2017, the Regional Office launched a one-month public consultation on these questions, seeking input from national counterparts, regional partners and other stakeholders. It published the results in a journal article and presented them at multiple events, such as the meetings of national TB counterparts and regional stakeholders. With the support of USAID and WHO headquarters, the Regional Office organized workshops to strengthen national counterparts' capacities for operational research and translation of findings into decisions on programmes.

197. A meeting held by the Regional Office in April 2016 launched a three-year project to halt the spread of drug resistance to TB in 11 countries in eastern Europe and central Asia (EECA – Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan) by increasing their political commitment, translating evidence on people-centred models of care into practice and supporting them in implementing effective systems to deliver TB services. Project partners included the Center for Health Policies and Studies of the Republic of Moldova (recipient of a grant from the Global Fund); the London School of Hygiene and Tropical Medicine and the London School of Economics and Political Science, United Kingdom; the European Respiratory Society; the Stop TB Partnership; the TB Europe Coalition; and the Alliance for Public Health Ukraine.

198. The Regional Office held a breakfast briefing during the 2016 Regional Committee session – with the participation of two other project partners – on the TB Regional EECA Project (TB-REP) to update representatives of the participating countries. They agreed that TB-REP's approaches to decreasing the burden of TB helped to improve intersectoral collaboration. During a meeting held in conjunction with the 2017 Regional Committee, with the participation of representatives of the Global Fund; and the Center for Health Policies and Studies, representatives of the countries participating in TB-REP assessed their progress in strengthening their health systems for TB prevention and care. They recognized that success in TB and MDR-TB control in EECA could not be achieved through medical approaches alone and that current efforts needed to be sustained, and called for TB-REP to continue after 2018 to maintain the transformation of their health systems. The Regional Office published *A people-centred model of TB care: blueprint for EECA countries* in 2017. It built on the framework of TB-REP to support countries in adopting policy options and implementing

effective and efficient TB service delivery systems; shifting towards outpatient, people-centred models of care with sustainable financing and well aligned payment mechanisms; and achieving better health outcomes in prevention and care.

199. As the secretariat to the regional Green Light Committee for Europe, the Regional Office conducted more than 50 missions to Member States to ensure the quality of services for drug-resistant TB. With WHO country offices and Member States, the Regional Office organized two workshops to introduce new medicines and shorter treatment regimens for MDR-TB. In July 2017, the regional Green Light Committee conducted a workshop at the Regional Office on the introduction of new medicines for the treatment of drug-resistant TB in the Region. The participants included representatives of countries (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Ukraine and Uzbekistan), WHO and partner organizations (the Global Drug Facility, the Global Fund, the TB Europe Coalition and USAID). They exchanged experiences; received updates on the introduction of new drugs and treatment regimens, and current WHO global and regional policies and initiatives; and made recommendations for action to WHO and partners.

200. The European Technical Advisory Group on Tuberculosis Control advised WHO on how to make further progress in promoting and assisting collaboration on TB–HIV co-infection, improving the diagnosis and treatment of latent TB infection, and promoting and assisting TB elimination efforts in low-incidence countries, at a meeting held by the Regional Office in February 2017. With national and international partners, the Regional Office also conducted comprehensive reviews of programmes for TB prevention and control in individual countries in 2016–2017: Azerbaijan, Belarus, Greenland (Denmark), Kazakhstan and Ukraine.

201. In 2017 the Regional Office began developing a compendium of good practices to facilitate the scaling up of effective interventions to prevent and control TB in correctional facilities, to be issued in 2018. It submitted the first draft to the 15th meeting of the managers of national TB programmes in the WHO European Region, held at the 18th Wolfheze Workshop, which was organized by the Regional Office, the KNCV Tuberculosis Foundation and ECDC in the Netherlands in May–June 2017. The Workshop and meeting focused on reaching out to find, treat and cure more TB patients and address their co-morbidities. The Regional Office, in collaboration with the Ministry of Justice of Azerbaijan (the Tuberculosis Training Centre of the Medical Department of the Ministry of Justice is a WHO collaborating centre), organized three global training courses on TB control in prisons.

202. Further, the Regional Office organized an interregional workshop on TB control and care among refugees and migrants (see also section 1); it was held in Italy in May 2016, with the support of the Ministry of Health. The participants comprised experts from 16 countries (15 European Member States and Jordan) with low-to-intermediate TB incidence; representatives of the Australian Government, ECDC, the European Respiratory Society, IOM, Stop TB Italy and the Global Fund; and staff from four WHO regional offices (for Europe, the Eastern Mediterranean, South-East Asia and the Western Pacific). The workshop facilitated an exchange of experience among the countries on their current practices, gave an updated overview of two recently developed tools for TB screening and cross-border control and care, and helped to identify the priorities for future research. The Regional Office and the European Respiratory Society surveyed policies and practices for TB screening and management among refugees, publishing the results in 2017. Backed by the regional Green Light Committee, the partners created an e-consilium to provide sound, evidence-based

clinical advice on the management of MDR-TB and other difficult-to-treat cases, including TB/HIV and paediatric cases.

203. Further, a Regional Office workshop, held in December 2017, generated great momentum towards achieving zero TB deaths among children and adolescents. The participants comprised representatives of over 30 European Member States, WHO and UNICEF, and technical partners: ECDC, the Global Fund, the Global Drug Facility, the Global TB Caucus and the KNCV Tuberculosis Foundation. They drafted a set of priorities for addressing child and adolescent TB in countries and defined the next steps for including them in national strategic plans.

204. To ensure sustainable financing for TB programmes, the Regional Office continued to support eligible countries such as Armenia, Azerbaijan, Belarus, Georgia, the Republic of Moldova and Ukraine in applying for assistance to the Global Fund, and to work to support countries making the transition to domestic funding. At a workshop in August 2017, experts from the Regional Office, national and international partners, including USAID, and national specialists made recommendations to officials in Kyrgyzstan on designing a financial model for TB services in the country. Further, the Regional Office analysed gaps in financing and held a training course to support the transformation of the financing and delivery of TB services in the WHO European Region in October 2017 (see section 6).

Sustaining Europe's polio-free status

205. The Regional Office continued work to preserve the European Region's polio-free status in 2016–2017. European countries achieved significant milestones in the global Polio Eradication and Endgame Strategic Plan 2013–2018, including the replacement of trivalent oral polio vaccine (OPV) with bivalent OPV or inactivated polio vaccine (IPV). In April and May 2016, 155 countries and territories across the world, including 19 European Member States, made this switch: 17 (Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Montenegro, the Republic of Moldova, the Russian Federation, Serbia, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine and Uzbekistan) moved to bivalent OPV and two (Belarus and Poland), to an IPV-only routine immunization schedule. The remaining 34 countries in the Region already used IPV only. In March 2017, the Regional Office supported the containment of type-2 polioviruses by holding a training course, one of a series provided around the world, for experts who would audit facilities holding stocks of the viruses for research or vaccine manufacturing.

206. To help countries prepare for possible outbreaks, the Regional Office supports polio-outbreak simulation exercises; countries use them to critically review and update their national plans, including use of the IHR. The Regional Office held a workshop on the exercises in Kazakhstan in August 2016, for participants from the host country, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. During 2016–2017, the Regional Office supported the roll-out of these exercises in Azerbaijan, Georgia, Latvia, Montenegro, Tajikistan and Uzbekistan

207. The Regional Office also supports countries dealing with outbreaks. As described in section 3, with ECHO and UNICEF, it supported nationwide vaccination campaigns in Ukraine, which interrupted the transmission of circulating vaccine-derived poliovirus in May 2016. The Regional Office and UNICEF supported a campaign against an outbreak in the

Syrian Arab Republic in summer 2017. In response to a wild poliovirus outbreak in Afghanistan, the Regional Office also supported Tajikistan in conducting two rounds of preventive vaccination with bivalent OPV in the nine border districts, in April and May 2017. The campaign reported 98.8% coverage of children under 6 years of age in both rounds.

208. As part of its surveillance activities, the Regional Office coordinates the WHO European Polio Laboratory Network – 47 laboratories in 37 countries. In 2016–2017, the Regional Office performed annual quality-assurance activities for the whole Network with troubleshooting missions and training when necessary. As a result, all Network laboratories were fully accredited for both years.

209. In October 2017, the European Region both celebrated 15 years of certification as polio free, and reached a major milestone towards global poliovirus containment, when the first application for a certificate of participation was submitted for consideration to the Containment Working Group of the Global Certification Commission. Poliovirus containment is one of the objectives of the Polio Eradication and Endgame Strategic Plan Throughout 2016–2017, the Regional Office organized training courses on poliovirus biorisk management for 13 European countries intending to keep type 2 wild poliovirus or vaccine-derived poliovirus materials for research or vaccine manufacturing purposes. The training helped them prepared for national audits and biosafety/biosecurity assessments.

Elimination of malaria and tackling of vector-borne diseases

210. In April 2016, the WHO Regional Director for Europe announced that Europe had become the first WHO region in the world to be declared free of malaria. The Regional Office convened the first high-level consultation on preventing the reintroduction of malaria in July 2016, in Turkmenistan, where 50 participants from the host country, Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, the Russian Federation and Tajikistan recognized the need to sustain their vigilance, invest in strengthening health systems and continue to work together to keep the Region malaria free. Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkey, Turkmenistan and Uzbekistan signed the Ashgabat Statement.

211. The Statement was formally launched in September 2017, at a meeting in Moscow, Russian Federation. The participants, including representatives of the 10 signatory countries, charted a course for working together to keep the European Region malaria free. They also recognized the special technical and financial contributions of the Russian Federation, which had enabled close to 800 managers and senior health professionals of national malaria control programmes from 79 countries to be trained in state-of-the-art malaria control and elimination.

212. The Regional Office made significant efforts to tackle other vector-borne diseases, including through the implementation of the regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases. For example, it conducted a series of training courses for specialists from nine countries on invasive mosquitoes and re-emerging vector-borne diseases. It also began to develop a regional manual on the available methods of vector control and their use in different settings. Further, the Regional Office held a meeting on surveillance and control of leishmaniasis in Bulgaria in April 2017. Experts from 20 European countries where the disease is endemic, international leishmaniasis networks and WHO discussed the situation at the regional and national levels,

analysed challenges in surveillance, and identified needs and areas for WHO support. The Regional Office also published a regional manual on case management and surveillance of leishmaniasis, and some countries in the Region began to revise their national protocols on the disease.

Threatened progress towards eliminating measles and rubella

213. In adopting the European Vaccine Action Plan 2015–2020, a regional interpretation of the Global Vaccine Action Plan, all 53 Member States in the Region committed to eliminating measles and rubella from the Region. The Region made excellent progress towards the goal for most of 2016–2017: the European Regional Verification Commission for Measles and Rubella Elimination concluded in June 2017 that:

- 42 countries had interrupted endemic transmission of measles, with 33 having done so for at least 36 months (and thus eliminated the disease); and
- 37 countries had interrupted endemic rubella transmission, with 33 having done so for at least 36 months (and thus eliminated the disease).

214. Unfortunately, measles rebounded in 2017, threatening this progress. Following a record low of 5273 cases in 2016, there were 21 315 cases, leading to 35 deaths, in 2017. Large measles outbreaks (over 100 cases) occurred in 15 of the 53 countries in the Region: Romania, Italy and Ukraine accounted for the largest numbers of cases, followed by Greece, Germany, Serbia, Tajikistan, France, the Russian Federation, Belgium, the United Kingdom, Bulgaria, Spain, Czechia and Switzerland.

215. WHO worked closely with countries in taking a range of action to stop the current outbreaks, prevent new ones and protect the progress made. This included raising public awareness, immunizing health-care professionals and other adults at particular risk, addressing challenges in access, and improving supply planning and logistics. It supported countries' work to strengthen immunization programmes, increase the population's immunity and confidence in vaccines, build capacities for surveillance and respond to outbreaks.

216. The Regional Office regularly reported the results of its surveillance of vaccine-preventable diseases, particularly measles and rubella. With the Austrian Society for Hygiene, Microbiology and Preventive Medicine, it supported a meeting – held in January 2017 in Austria and hosted by the Medical University of Innsbruck – to facilitate the sharing of good surveillance practices between German-speaking countries and regions. These areas follow similar practices in surveillance and the collection and reporting of immunization data, and almost all face challenges in eliminating measles and/or rubella. The participants included members of the national verification committees for measles and rubella elimination of Austria, Germany, Luxembourg and Switzerland; the officials responsible for measles and rubella control in Liechtenstein and the Autonomous Province of Bolzano, Italy; public health officials; paediatricians; staff of the Regional Office and ECDC; and the chair of the Regional Verification Commission. In November 2017, the Regional Office held two meetings to help build the capacity of national verification committees and related programmes to increase progress towards measles and rubella elimination. The participants included WHO staff; members of the European Regional Verification Commission; representatives of ECDC, a global specialized laboratory in the United Kingdom and regional reference laboratories in Germany, Luxembourg and the Russian Federation; and representatives of Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Georgia, Greece,

Kazakhstan, Kyrgyzstan, Montenegro, the Republic of Moldova, the Russian Federation, Romania, Serbia, Slovenia Tajikistan, Turkmenistan, Ukraine and Uzbekistan.

217. The Regional Office coordinates the European Measles and Rubella Laboratory Network, established in 2002 to facilitate high-quality laboratory investigation of potential measles and rubella cases. This is essential for the detection of and response to outbreaks. In addition to providing technical guidance and support, the Regional Office supervises annual accreditation reviews that assess laboratories' performance. In 2017, 64 of the 67 tested laboratories in the Network achieved full accreditation for 2018, and several improved their performance.

218. In 2017, the Regional Office stepped up its support to countries seeking to control measles and rubella outbreaks. With partners such as UNICEF, for example, the Regional Office supported the vaccination campaigns of countries such as Italy, Romania and Tajikistan. The latter was part of extensive support to Romania, where an outbreak had spread across the country, causing over 4800 cases, including 23 deaths, between January 2016 and 28 April 2017. WHO support included conducting several missions to the country, addressing outbreak-response communications, vaccination strategy and advocacy. The WHO Regional Director for Europe visited Romania to offer support during European Immunization Week in April 2017. The Regional Office and the Country Office, Romania, supported a study of the families affected by the outbreak, to better understand the barriers to vaccination. Finally, the Regional Office held the June 2017 meeting of the Regional Verification Commission in Bucharest.

Supporting and promoting immunization

219. Immunization is central to the struggle against vaccine-preventable diseases, including the implementation of the European Vaccine Action Plan 2015–2020. The Regional Office therefore both supported and promoted it throughout 2016–2017, redoubling its efforts when data showed stagnating, and even slightly declining, routine immunization coverage in the European Region over the previous five years. Despite the effectiveness of vaccination in protecting health, procurement, financial, legislative and demand-side barriers were reducing coverage of routine childhood vaccination in middle-income Member States.

220. The Regional Office launched a new information-sharing platform – the Immunize Europe Forum – during European Immunization Week (see below) in April 2016, to increase peer-to-peer exchange of resources, news and innovative ideas by professionals working in immunization-related fields. In February 2017 in Greece, the Regional Office organized the first Region-wide meeting on optimizing data reporting to support evidence-informed decision-making on immunization for 67 managers of immunization programmes and data from 36 European Member States, as well as staff of WHO headquarters, CDC and ECDC. The participants sought to identify ways to improve the WHO–UNICEF mechanism for reporting on disease incidence, immunization coverage, vaccine procurement and policies, and the performance of national immunization systems.

221. Work to promote vaccination uptake included the training of trainers, given in May 2016 in Austria and led by the Faculty of the University Clinical Hospital of Santiago de Compostela, Spain. Managers of national immunization programmes and leading clinicians from Albania, Bosnia and Herzegovina, Croatia, Estonia, Georgia, Latvia and the former Yugoslav Republic of Macedonia learned how to educate frontline medical workers on

vaccine safety and contraindications, to reduce failures to comply with childhood immunization schedules.

222. In addition, the Regional Office supported the Republic of Moldova in transitioning from GAVI support and preparing to introduce human papilloma virus vaccine later in 2017. It also assisted Armenia, Azerbaijan and Georgia in developing their transition plans. All these Member States fulfilled their co-financing requirements and fully funded non-GAVI vaccines from government resources. Further, Kyrgyzstan, Tajikistan and Uzbekistan maintained the financial sustainability of their vaccination programmes.

223. Anti-vaccination sentiment posed additional problems. To combat vaccine scepticism and hesitancy, the Regional Office published guidance on best practices for health authorities' spokespeople on how to respond to vocal vaccine deniers in public in 2016 – one of the most popular publications of the year – and a comprehensive portfolio of new tools and capacity-building exercises to support Member States in 2017, including the vaccination and trust library comprising almost two dozen documents. The Regional Office also conducted subregional and single-country training workshops – for example, in Romania in February 2017, for representatives of the national immunization programme, regulatory authorities and partners – to help countries build capacity and set up coordination and response mechanisms.

224. To help countries identify and address the causes of low vaccine uptake, the Regional Office and the University of Erfurt, Germany, teamed up to offer the first Behavioural Insights Summer School in September 2017. It showed how immunization programmes can listen to communities and obtain behavioural insights in order to tailor their services, using WHO's tailoring-immunization-programmes approach, and plan interventions to increase vaccine uptake. The participants comprised representatives of Argentina, Bosnia and Herzegovina, Finland, France, Germany, the Republic of Moldova, Serbia and Sweden; PhD students in the fields of psychology, communication science and behavioural economics; and staff of UNICEF, CDC and WHO headquarters, the Regional Office and the WHO Country Office, Burkina Faso. The feedback from participants was so positive that the Regional Office planned to make the Summer School an annual event.

225. In October 2017 in Montenegro, the Regional Office held back-to-back meetings of the managers of national immunization programmes in the Region, and the independent European Technical Advisory Group of Experts on Immunization (ETAGE). This juxtaposition facilitated the flow of information between the two groups, both of which focused on maintaining or increasing momentum towards the goals of the European Vaccine Action Plan. Over 170 immunization programme managers from 43 Member States in the WHO European Region reviewed the Region's significant – but also variable and fragile – progress, most notably in the areas of measles and rubella elimination, hepatitis B control and evidence-based decision-making. They discussed common challenges, such as vaccine shortages, vaccine hesitancy and declining immunization coverage. The Regional Office asked country representatives for their assistance in developing guidance on equitable delivery of immunization services, a strategy to ensure their financial sustainability in middle-income countries, and adoption of a life-course approach to immunization.

226. At its 17th meeting, ETAGE:

- noted that the variation in prices paid by Member States for paediatric vaccines had narrowed following WHO's work on vaccine price transparency, and that several countries had been able to procure vaccines at lower prices than before;
- endorsed WHO's efforts to help countries respond to vaccine shortages more rapidly, and the establishment of a regional network national immunization technical advisory groups;
- underlined the importance of the upcoming midterm review of the European Vaccine Action Plan, which would require timely reporting from all Member States in the Region;
- continued the establishment of an ETAGE working group on hepatitis B, as part of its support for implementing the Action Plan;
- considered establishing a working group on vaccine acceptance and demand to address increasingly apparent challenges in this area; and
- approved the development of technical documents and guidelines on life-course immunization, integration and equity, and financial sustainability of immunization programmes, particularly in middle-income countries.

227. The Regional Office followed up these efforts at the November 2017 meeting of the SCRC, which agreed that renewed strong political commitment was needed and would be sought from the 2018 Regional Committee. The SCRC would consider a document on the implementation of the European Vaccine Action Plan 2015–2020 in May 2018 and ETAGE would review the midterm evaluation of the Action Plan in the summer. The Regional Committee would consider both documents as a separate agenda item, rather than a progress report. While recognizing the potential legal implications, the SCRC also encouraged the Regional Office to support countries wishing to explore the possibility of joint procurement. The Regional Office would explore supporting countries seeking options for joint procurement, in addition to providing extensive support to countries to lend new impetus to vaccination, help address shortages in vaccine supply and disseminate best practices. It would seek to keep Member States better informed about these activities, and look into compiling an easily accessible library of best practices.

European Immunization Week: sustained success

228. In addition to the support to vaccination programmes mentioned above, the Regional Office continued its successful European Immunization Week, involving all 53 Member States in the Region, in April 2016 and 2017. Entering its second decade, European Immunization Week gave WHO, its international partners, national health authorities, professional associations and other stakeholders the opportunity to join forces to raise awareness of the benefits of vaccines and the need to close immunity gaps.

229. European Immunization Week 2016 celebrated the great progress made towards eliminating measles and rubella and stressed the action needed to reach the goal. The Regional Office produced a package for use on social media in English and Russian, and shared it with WHO country offices, a European Immunization Week focal point in each Member State and partners. Countries:

- used innovative approaches to catch the public's attention, such as plays, sporting events and advertisements shown in cinemas;
- reached out to specific target groups, such as the media, pharmacists, young people, refugees and asylum seekers, parliamentarians, health-care workers, Roma communities, students and parents; and
- highlighted specific topics, such as the introduction of a new vaccine, a new national action plan to eliminate measles and rubella, and the promotion of vaccination against human papillomavirus, as well as measles and rubella.

230. European Immunization Week 2017 used the slogan, "Vaccines work" to focus on the need for and benefits of immunization at every stage in life. The WHO Regional Director for Europe gave joint statements of support in both years: with the Patron of the Regional Office, Her Royal Highness The Crown Princess of Denmark, in 2016 and with the European Commissioner for Health and Food Safety in 2017. Her Royal Highness also made a video statement for European Immunization Week 2017. The Regional Office published narrative reports of both the 2016 and 2017 European Immunization Week, which give lively summaries of the wide breadth of European Immunization Week activities and participants.

5. Applying the life-course approach and tackling NCDs: leaving no one behind

231. In 2016–2017, the WHO Regional Office for Europe continued to promote the life-course approach to health, to increase the effectiveness of interventions throughout life by: focusing on a healthy start and people's needs at critical periods, and promoting timely investments, with a high rate of return for public health and the economy, to address the causes, not the consequences, of ill health. It applied this approach to its work on both critical groups, such as children and young and elderly people, and topics such as the main risk factors for NCDs: tobacco, alcohol, poor nutrition, and violence and injuries. This work contributed not only to implementing Health 2020 and the 2030 Agenda for Sustainable Development but also to achieving the goals of various United Nations, WHO and EU policy documents and initiatives.

Life-course approach, focusing on a healthy future

232. The WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020, held in Belarus in October 2015, produced the Minsk Declaration, which encouraged countries to early, timely and collective action, spanning sectoral and organizational boundaries. The 2016 Regional Committee noted that the Conference had widened the knowledge and understanding of the life-course approach as an investment for current and future generations, further justifying cooperation across sectors. Representatives stressed the importance of the approach to the implementation of both Health 2020 and the 2030 Agenda, and highlighted the needs for political commitment at the highest level,

adequate financing, relevant action plans and effective assessment of progress. In addition, the Regional Committee adopted a new action plans, employing the life-course approach, for sexual and reproductive health.

Targeting children and young people

233. The Regional Office supported countries in implementing the European child and adolescent health strategy 2015–2020, which called for targeted health interventions for a healthier start, leaving no child behind. To provide evidence on which countries could act, it published the latest in the series of reports of the Health Behaviour in School-aged Children (HBSC) study in English and Russian in March and December 2016, respectively. Governments – such as those of Armenia, Germany, Latvia, Sweden and the United Kingdom (Scotland) – used HBSC findings to develop policy and legislation that benefited the health of adolescents and young people.

234. The new report was based on a 2013–2014 survey of over 200 000 young people aged 11, 13 and 15 years in 42 countries in Europe and North America. It covered a wide range of aspects of adolescent health and social behaviour, including self-assessment of mental health; obesity and body image; dietary habits; engagement in physical activity; support from families and peers; tobacco, alcohol and cannabis use; and bullying. The report revealed that gender and socioeconomic inequalities undermined young people's health and well-being, even though smoking had declined significantly. It attracted enormous interest from governments and the mass media and quickly became the Regional Office's most popular publication of 2016.

235. A range of countries across the Region turned data from the HBSC study into action. For example, in 2016, Latvia banned the sale or free distribution of energy drinks to anyone aged under 18 years, and marketing that targets children. In 2017, Armenia used HBSC data to develop an evidence-based tobacco policy. In the United Kingdom, the HBSC team in Scotland acted as a key partner in helping the Government develop its Pregnancy and Parenthood in Young People Strategy in 2016 and the first 10-year strategy for children's and young people's health and well-being in 2017. In Sweden, the Public Health Agency used HBSC information to develop a 2017 report on the causes of increased psychosomatic symptoms among young people, and took part in a regional project, supported by the Nordic Council of Ministers, with HBSC teams in Denmark, Finland and Norway, to collect data on positive mental health to provide evidence of similarities and differences.

236. Because interventions carried out in schools can help to improve children and adolescents' health and thereby reduce the future burden of NCDs, the Regional Office called on governments to recognize school health as a priority. In Kyrgyzstan in August 2016, the Regional Office held a workshop on school health in the prevention of NCDs for the coordinators of national programmes for child and adolescent health in the host country, Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, the Republic of Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan. Staff of WHO headquarters, the Regional Office and country offices attended, as did representatives of UNFPA, UNICEF and the World Food Programme. The 60 participants discussed the HBSC findings, learned about school health services and a network of health promoting schools in the European Region, and outlined their own plans to promote both in their countries. In addition, SEEHN members agreed to enhance their efforts to improve children's health by promoting healthy lifestyles and addressing NCDs at their 39th plenary meeting, in Sofia, Bulgaria in November 2017.

237. Targeted health interventions for a healthier start were central to the conference on strengthening cooperation between the health, education and social sectors in the WHO European Region, which the Regional Office held in France in December 2016 to secure better, more equal health and social outcomes for children and adolescents and their families, as described in section 1. In addition, the Regional Office began to review progress in implementing the Integrated Management of Childhood Illness (IMCI) strategy in the WHO European Region, to define facilitating or hindering factors in 16 countries. It sought to determine the relevance, efficiency and effectiveness of the Integrated Management of Childhood Illness in helping countries to provide high-quality care for children; to understand factors contributing to its adoption and sustainability; and to use the lessons learned to inform future steps for providing primary and referral care to children in Europe. Investigators compiled background information; national partners then validated this information during interviews with key informants and focus groups in Kyrgyzstan, the Russian Federation, Ukraine and Uzbekistan in October and November 2016. The key informants included stakeholders from ministries of health, national centres for maternal and child health, health workers and managers of district health facilities universities, colleges, and international and partner organizations.

238. The Regional Office held a technical briefing for the 2017 Regional Committee, using the example of steps taken by the host country, Hungary, to improve early childhood interventions for children with special needs. The participants suggested that WHO develop a tool to assist countries in assessing their initiatives. In addition, the Regional Office published seven checklists to help hospitals rapidly assess seven standards for children's rights in hospital, in line with the United Nations Convention on the Rights of the Child. Under a BCA, the Regional Office and Kyrgyzstan developed an app in Russian to give doctors, nurses, students and academics access to important national clinical guidelines. This work was financed by the EU–Luxembourg–WHO UHC Partnership (see section 6). Other initiatives to protect and promote children's health are discussed below.

Promoting older people's health

239. As the result of a project with the European Commission, the Regional Office launched two important publications on creating age-friendly environments in Europe: a toolbox to guide local policy-makers and planners in developing, implementing and evaluating age-friendly policies and interventions in 2016 and a handbook of domains for policy action in 2017. These were particularly useful to members of the WHO European Healthy Cities Network (see section 1), which give priority to age-friendly initiatives.

240. In addition, the Regional Office supported the development of multisectoral policies in a growing number of countries, to create or reform systems for long-term care; this formed part of work to achieve UHC (see section 6). In October 2017, WHO launched new guidelines on integrated care for older people to support countries' work towards creating more integrated, person-centred health and long-term care for people at all ages. The Regional Office continued to provide health advice for older people: promoting the protection of their health during heat-waves and vaccination against seasonal influenza.

Promoting sexual and reproductive health

241. As with its work on gender (see section 1), the Regional Office developed its Action Plan for Sexual and Reproductive Health, explicitly aligned with Health 2020 and the 2030

Agenda and focused on human rights and leaving no one behind. It took account of the situation in the European Region, which had seen major achievements in lowering perinatal mortality rates and not only increasing access to safer abortions but also reducing their number, particularly in the eastern half of the Region, as a result of broader access to evidence-based information, sexuality education and family-planning services. The Action Plan aimed to ensure informed decision-making and access to services, and to address social determinants and inequities, so that all people in the Region were supported to achieve their full potential for sexual and reproductive health and well-being, and so that human rights were respected, protected and fulfilled. WHO would provide technical support to Member States in implementing the action plan and developing monitoring frameworks.

242. The Action Plan received more extensive and detailed consultation than any other document presented to the WHO Regional Committee for Europe: all stakeholders had ample opportunity to contribute to the plan and to express their views. Nevertheless, some controversy persisted, owing to the sensitive nature of the subject. With the unanimous support of the SCRC and following a rich discussion, the 2016 Regional Committee adopted the action plan with amendments, although Hungary, Poland and Turkey disassociated themselves from it. Many representatives welcomed the action plan, which underscored the importance of sexual and reproductive health and rights in the context of global development and the attainment of the SDGs; in conjunction with the Minsk Declaration and Health 2020, it would lay the foundation for ensuring health and well-being for all and would provide useful guidance for Member States in the further development of national policies and plans. Representatives of UNFPA, the International Federation of Medical Students' Associations and the International Planned Parenthood Federation also welcomed the action plan.

243. The three 2016 issues of *Entre Nous*, the European magazine for sexual and reproductive health that the Regional Office published with funding from UNFPA, supported the action plan's development and implementation. The final issue looked at the history of the magazine, and celebrated the positive changes in sexual and reproductive health throughout the European Region over the previous 35 years and the need to champion and respect human rights and focus on decreasing and eliminating inequalities and inequities.

244. The Regional Office supported countries in implementing the action plan by, for example, assisting them in making or revising national strategies, in coordination with partner organizations. In November 2016, the Regional Office took part in a workshop organized by UNFPA to ensure that gender-responsive and human-rights dimensions were integrated into national strategies on family planning in Kazakhstan and Kyrgyzstan. The participants – health professionals, decision-makers and development partners – presented analyses of family planning and human rights in the two countries, discussed WHO tools and UNFPA guidance to ensure human rights in the provision of contraceptive information and services, and developed and discussed country-specific action plans for the next 3–5 years. In February 2017, the Regional Office and international experts took part in a meeting of stakeholders on the final draft of a new strategy on reproductive health for Azerbaijan. In March, WHO and UNFPA gave technical support to a meeting in Ukraine on improving access to and the quality of reproductive health services provided through primary health care, in line with the SDGs. In addition, WHO brought together experts from 14 countries in the WHO European Region for a consultation in the United Kingdom, on how best to implement available guidelines on the prevention and management of complications caused by female genital mutilation.

245. Further, speakers at an international conference on sexuality education, held in Germany in May 2017, emphasized the importance of health education in achieving the goals of Health 2020 and the action plan for sexual and reproductive health, and highlighted the links between intersectoral work for health promotion and the implementation of both the Minsk Declaration and the recommendations of the Paris conference on working together for better health and well-being. A WHO collaborating centre, the German Federal Centre for Health Education, organized the conference, with the support of the German federal ministries of Health and for Family Affairs, Senior Citizens, Women and Youth, and the active involvement of the Regional Office, the International Planned Parenthood Federation European Network, UNFPA and UNESCO. Over 160 participants from 33 countries in the European Region attended, representing ministries of health and education, health-care providers and public health specialists, schools and research institutions, and NGOs, including youth organizations. In July 2017, the Government and Ministry of Health of Kyrgyzstan presented Dr Gunta Lazdane, Adviser for Sexual and Reproductive Health at the Regional Office with an award recognizing her work to improve the health of women and mothers in the country.

246. At the invitation of the Romanian Ministry of Health, cancer experts from the Regional Office and the International Agency for Research on Cancer (IARC) visited Romania in June 2017 to assess the prevention and treatment of cervical cancer in the country, which had the highest incidence and the highest associated mortality in the Region. In addition to making recommendations for Romania, the discussion led to a proposal that WHO organize training on preventing cervical cancer.

247. Finally, in 2017 the Regional Office published a regional framework to support the implementation of Health 2020 by improving the quality of care for reproductive, maternal, neonatal, child and adolescent health in the Region. It proposed a quality-improvement system that extended across the continuum and all levels of care and aimed to achieve high and equitable coverage of high-quality care for all, to reduce and eliminate preventable mortality and morbidity.

Extending the reach of rehabilitation services

248. Work towards developing a project to scale up rehabilitation and the use of assistive technology in the WHO European Region started with a project in which the Regional Office assisted Tajikistan to meet the needs of people with injuries, impairments or disabilities due to NCDs. This was part of work to support the implementation of the global WHO action plan on disability for 2014–2021. WHO provided technical support to the country in developing a multisectoral national programme on rehabilitation for 2017–2020 that was adopted by the Government. The programme benefits more than 170 000 people with long-term impairments. In addition, with intensive WHO technical support, the Government and local civil society organizations developed sustainable community-based rehabilitation programmes to improve access to services, which cover 28 of the 62 districts in Tajikistan and reached 6290 people in rural Tajikistan in 2016–2017.

Combating NCDs and their risk factors

249. The considerable decline in premature deaths from NCDs in the WHO European Region created the hope that the Region could exceed the bold SDG target 3.4: to reduce such deaths by 33% by 2030. Strengthening work to combat NCDs was one of the Regional Office's

greatest public health priorities. It took a major step forward with the development of the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region, adopted in 2016 by the Regional Committee. (See section 6 for the health-system response to NCDs.) Drawing on previous European action plans and taking account of new evidence and developments, and the existing commitments and progress of Member States, the Action Plan focused on priority action areas and interventions for 2016–2025, to achieve the regional and global targets for reducing premature mortality and the burden of NCDs, improve the quality of life and make healthy life expectancy more equitable. It was developed through a consultative process guided by technical experts and the SCRC, and incorporated Health 2020, follow-up to the 2011 and 2014 United Nations high-level meetings on NCDs, and the implications of the SDGs. It recognized the impact of shared risk factors and co-morbidities such as oral, musculoskeletal and mental health, and identified air pollution and infectious diseases as risk factors. The action plan focused on a balance of prevention and treatment to reduce premature mortality, and acknowledged the contributions of vaccinations and the control, treatment and secondary prevention of communicable diseases.

250. The Regional Committee adopted the action plan by consensus. Representatives found it a useful tool to support national policy-making and welcomed its link to the broader global health and development agendas. Representatives of FAO and nearly two dozen NGOs also welcomed the action plan.

251. The 2017 World Health Assembly adopted an updated set of policy options and interventions within WHO's Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020: 16 so-called best buys – highly effective, low-cost interventions – and 86 good buys. These updated the evidence on cost-effective action and are the primary tools for countries to consider employing.

252. Countries in the WHO European Region made progress on governance for NCDs in 2016–2017. The proportion of countries with an operational multisectoral action plan integrating risk factors and NCDs rose by 17% between 2015 and 2017. The Regional Office supported 17 European countries in developing and/or evaluating their national NCD plans and strategies; six countries in integrating NCDs into their development agendas or health plans; and several in coordinating intersectoral dialogues. The WHO Regional Director for Europe both presented the good news on Europe's achievements in combating NCDs and indicated areas needing further action, by launching the 2017 edition of the annual report on monitoring NCD commitments in Europe at the WHO global conference on enhancing policy coherence to prevent and control NCDs, which was held in Uruguay in October. The 2017 report focused on the implementation of the best buys for the governance, surveillance and prevention of NCDs. It showed significant improvement in the implementation of progress monitoring indicators between 2015 and 2017, with Bulgaria, Turkey and the United Kingdom having the highest shares of fully implemented indicators.

253. World Health Day, 7 April, addressed NCDs in both 2016 and 2017: diabetes and depression, respectively. In both years, WHO marked the Day at the global, regional and country levels, and supported the activities in a wide variety of countries. In 2016, the Regional Office published a policy brief on national diabetes plans in the Region and supported and highlighted activities, often involving WHO country offices and national health authorities, in Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czechia, Estonia, Germany, Hungary, Kyrgyzstan, Latvia, Montenegro, Poland, the

Republic of Moldova, the Russian Federation, Romania, Serbia, Slovakia, Slovenia, the former Yugoslav Republic of Macedonia, Turkey, Turkmenistan and Uzbekistan. In 2017, the Regional Office called for not only the scaling up of services to treat depression but also increasing awareness and understanding of the problem and reducing the stigma associated with it. The WHO Regional Director for Europe and the European Commissioner for Health and Food Safety made a joint statement calling for action, the Regional Office shared the stories of people struggling with depression and 31 countries organized activities based on core information and multimedia materials developed and distributed by WHO.

254. In May 2017, Dr João Breda, Head of the WHO European Office for the Prevention and Control of Noncommunicable Diseases and Programme Manager for Nutrition, Physical Activity and Obesity at the Regional Office, received the 2017 award of the Gerlev Physical Education and Sports Academy in Denmark, in recognition of his work in encouraging WHO Member States to adopt the physical activity strategy for the WHO European Region 2016–2025.

Expanded capacity

255. In 2016–2017, the WHO European Office for the Prevention and Control of Noncommunicable Diseases, a Regional Office GDO in Moscow, Russian Federation, increased the capacity of the Regional Office by expanding:

- the depth and extent of information systems on NCDs, adding to the numbers and types of surveys that countries could conduct;
- technical support for the implementation of NCD best buys in a wider range of countries, particularly those in eastern Europe and central Asia;
- the range of training, accelerating the implementation of the best buys; and
- the range of Regional Office resources available in Russian.

256. In April 2017, the Office and the Ministry of Health of the Russian Federation hosted a meeting in Moscow on Russian experts' contribution to saving lives and fighting NCDs in Europe. The participants included high-level representatives from various ministries of the Russian Federation – particularly the ministries of health, finance and foreign affairs – WHO staff, representatives of centres of excellence in the Russian Federation and other stakeholders. Experts from the country presented the work they had done throughout the WHO European Region, particularly in eastern European and central Asian countries, providing expertise on strategic policy-making in public health, epidemiology, research and surveillance, NCD risk factors and prevention, and the treatment of specific NCDs. The participants concluded by discussing further cooperation on innovative approaches to tackling NCDs in Europe. A wide range of the Regional Office's activities on NCDs and their risk factors took place in the context of the project on the prevention and control of NCDs financed by the Ministry of Health of the Russian Federation.

257. While Member States had considerable autonomy and policy space to introduce legislation to protect public health, countries should consider many aspects in preparing new laws. With the McCabe Centre for Law and Cancer, Australia; the I.M. Sechenov First Moscow State Medical University, Russian Federation; and the Law and NCD Unit, University of Liverpool, United Kingdom; the Regional Office therefore organized a workshop for intensive legal training and capacity-building for public health policy-makers,

government lawyers and representatives of trade and/or the economy from a small group of European Member States. The workshop took place in Moscow, in May–June 2016. The topics discussed ranged from the design and implementation of legislation, reconciling public health objectives with commitments in international trade and investment law, to examples of regional integration, such as the EU and the Eurasian Economic Union. The Regional Office published a report summarizing the discussion and presenting key lessons and the way forward.

258. With the support of the Government of the Russian Federation, the Regional Office held a meeting at the Moscow Office of 64 directors and managers of national NCD programmes in 35 Member States, along with representatives of international organizations, in June 2017. The participants examined the status of and progress in the prevention and control of NCDs. The data showed the importance of stronger gender-based approaches to prevention and control, and the need for investment in the control of hypertension and reduction of salt intake as two best buys promising quick returns. Most important, a regional scorecard showed that, despite the decrease in premature mortality, the achievement of many of the other global targets – for tobacco, alcohol, overweight and obesity, physical activity, salt reduction and access to effective technology in primary care – remained at risk in the Region. The participants also discussed success stories and visionary scenarios in preparation for the third United Nations high-level meeting on NCDs in 2018, at which countries would report on their progress in four areas: setting national targets on NCDs, developing multinational plans, implementing best buys for prevention and strengthening health systems to deal with NCDs. The outcome of the European meeting would form the Region’s contribution to a WHO global roadmap to achieving NCD targets in 2018–2030, which would be discussed at the WHO global conference on NCDs, to be held in October 2017 in Uruguay.

259. In addition, the Regional Office scaled up its work on cancer control in 2016–2017. With IARC, WHO headquarters and/or the International Atomic Energy Agency, the Regional Office conducted 21 missions to 17 countries, and held two courses on cancer registries for 80 participants from the Russian Federation and a regional course on cancer registration (given with IARC). The Regional Office, through its Country Office in the Russian Federation and the European Office for Prevention and Control of Noncommunicable Diseases, also organized training on cancer registration methods and strengthening registries, jointly with IARC and the National Medical Radiology Research Centre of the Russian Federation. The Regional Office held a regional workshop on the early detection of cancer with a WHO collaborating centre in Italy, and published Russian translations of major WHO guides on cancer registration, cervical-cancer control and palliative care.

Tackling NCD risk factors

260. In addition to tackling NCDs as a whole, the Regional Office worked with Member States and partners to address the main risk factors. As described in section 4, the Regional Office used its work to help countries prepare for mass gatherings to address one or more risk factors for NCDs, as well as other health issues.

Progress on tobacco control

261. The WHO European Region continued to make excellent progress in tobacco control, although more needed to be done. Member States made important legislative changes, including: requiring plain packaging of and the display of health warnings on tobacco

products, and banning the display of products and smoking in cars in the presence of children. In particular, leadership by seven European Member States – France, Georgia, Hungary, Ireland, Norway, Slovenia and the United Kingdom – strengthened the global movement for plain packaging of tobacco products. The Regional Office called on Member States to follow up and extend these successes, particularly in their efforts to implement the WHO Framework Convention on Tobacco Control (WHO FCTC).

262. The Regional Office held annual meetings on implementation of the WHO FCTC. The 2016 event was organized by the Regional Office and the WHO Country Office, Turkmenistan. More than 100 people attended, representing 37 countries and partner organizations, and including international experts in tobacco control, to share the latest developments in tobacco control in European countries and ways to reach the global voluntary target for tobacco use by 2025. Representatives of over 40 countries gathered for the 2017 meeting, held in Heidelberg, Germany, in November–December, focusing on two key topics in the context of the SDGs: tobacco taxation and policy coherence in tobacco control. The meeting was made possible by support from the governments of Turkmenistan and the United Kingdom. In addition, with the Norwegian Cancer Society and la Ligue contre le cancer, the Regional Office held a workshop on legal issues in tobacco control in Europe in November 2017. The participants came from European countries and leading NGOs, and shared information on the design of legal policy, opposition from the tobacco industry and past and current legal challenges.

263. In addressing the Regional Committee in both 2016 and 2017, the WHO Regional Director for Europe called on all Member States to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products of the WHO FCTC. Forty ratifications are needed for the Protocol to enter into force. Additional European countries ratifying the Protocol were: Latvia and Lithuania, as well as the EU, in 2016; and Cyprus, Germany, Montenegro, Serbia and Slovakia in 2017. This brought the total to 35 Parties worldwide. The Regional Office, the WHO Country Office, Georgia, and the Secretariat of the WHO FCTC organized a workshop for NIS to promote the Protocol's entry into force, in October 2017 in Tbilisi.

264. In addition, the Regional Office worked with the countries of south-eastern Europe on the implementation of the WHO FCTC. A meeting held in October 2016 in Montenegro, organized with financial support from the Government of Turkmenistan, convened participants representing 11 countries, plus regional and global experts. It focused on the tobacco industry's tactics for blocking tobacco-control measures, key components of effective tobacco-control policies and their implementation, and methods for defending antitobacco strategies. With the International Union for Health Promotion and Education, the Regional Office organized a workshop, in May 2017 in Croatia, to help participants develop plans for advocating priority strategies for smoke-free public policy, plain packaging and taxation increases, as well as for mass-media campaigns to support such measures. The Regional Office published a collection of fact sheets on the health impact of tobacco-control policies in 12 south-eastern European countries, predicting that, with strong policies consistent with the WHO FCTC, they could reduce smoking prevalence by at least 23% within five years, 30% within 15 years and 35% within 40 years.

265. With support from the Government of the Russian Federation, the Regional Office held events in Moscow, in March and October 2016, to promote tobacco control in NIS. The first was a workshop for 60 journalists and communication officers from 11 countries. Presentations by international experts and champion countries – giving examples of their

activities and the challenges they faced – inspired the participants to write about the many facets of tobacco control. The hashtag #TobaccoFreeMedia was introduced so that this community of reporters could use it to follow and be inspired by each other's work. Second, the Regional Office and the I.M. Sechenov First Moscow State Medical University jointly organized a workshop for policy-makers from 12 countries. The participants developed action plans for strengthening their countries' tobacco-cessation and treatment systems in 2016–2018. The Regional Office held a further workshop for journalists in Tajikistan in March 2017.

266. In September 2016, the Regional Office published its tobacco control playbook, an easily accessible online tool. It enabled policy-makers and the general public to equip themselves with the facts about tobacco consumption, and to challenge the myths that policy-makers and politicians have faced while implementing various articles of the WHO FCTC. The playbook would be updated and extended based on user feedback. Regional Office publications in 2017 showed the role of tobacco control in achieving the SDGs, how to protect children from tobacco, comprehensive tobacco control in the Russian Federation and how far the European Region had travelled along the roadmap of actions to strengthen implementation of the FCTC in 2015–2025 and how far it still had to go.

267. The Regional Office joined in the global celebration of achievements in tobacco control on World No Tobacco Day, 31 May, addressing the themes of support for plan packaging of tobacco products (2016) and tobacco as a threat to development (2017). In 2016, the WHO Regional Director for Europe welcomed the European Region's leadership in considering tougher packaging laws for tobacco products. WHO gives World No Tobacco Day awards to carefully selected individuals and/or organizations in recognition of their accomplishments in tobacco control and in the implementation of the FCTC. Recipients in the European Region in 2016 were: Ms Jane Ellison, Member of Parliament for Battersea and Parliamentary Under-Secretary of State for Public Health, United Kingdom, and Ms Marisol Touraine, Minister of Social Affairs and Health, France (receiving the Director-General's Special Recognition awards); Ms Emmanuelle Béguinot, Director, Comité National Contre le Tabagisme, France; Ms Oxana Domenti, Head of the Committee for Social Protection, Health and Family, Parliament, Republic of Moldova; Mrs Aurelia Cristea, Member of Parliament, Romania; and the Coalition Romania Breathes. The European winners for 2017 were: Dr Lenka Teska Arnoštová, Deputy Minister of Health, Czech Republic; Unfairtobacco, Germany, a project run by BLUE 21, an NGO; the Department of Health of Ireland; the National Centre for Problems of Healthy Lifestyle Development, Kazakhstan; Dr Srmena Krstev, Head of the National Committee for Tobacco Prevention, Serbia; and Ms Milojka Kolar Celarc, Minister of Health of Slovenia.

Alcohol: reducing attributable mortality and promoting policy solutions

268. While alcohol consumption in the Region fell by 11% between 1990 and 2014, although with huge differences between countries, the historically high level of consumption in Europe was still associated with substantial attributable mortality, which increased by 4%. WHO's work on alcohol use focused particularly on the eastern part of the European Region, where alcohol-attributable mortality and its contribution to the burden of NCDs were high.

269. Two important Regional Office publications, launched at the 2016 session of the Regional Committee, provided evidence on alcohol-attributable mortality and described interventions on exposure to alcohol in pregnancy in the Region. The former described trends,

underlining opportunities for countries to introduce policies to reduce the burden of alcohol-attributable mortality and the need to further reduce consumption in the European Region. The latter reviewed the literature on interventions to prevent alcohol exposure in pregnancy, in line with EU and WHO policy documents, and presented experience from eight European countries. A 2017 publication evaluated European Member States' performance in implementing the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020. The Regional Office developed 10 composite indicators to assess the extent of Member States' adoption of the recommended policy standards, one for each action area of the Action Plan, which measured not only the presence of alcohol policies but also their strictness and comprehensiveness. The 2017 Regional Committee discussed the Region's progress in implementing the Action Plan.

270. The three reports were outcomes of a three-year project, ending in 2017, on the monitoring of national policies on alcohol consumption and harm reduction, funded by the EU. Joint data collection and analysis could be used to assess the implementation of the policy documents on alcohol of WHO, the EU and the European Commission's Committee on National Alcohol Policy and Action. The project also promoted key options for action from global-, regional- and EU-level strategies and action plans. These included alcohol screening and brief interventions: identifying people who drink at harmful levels and giving them advice on limiting alcohol consumption. The Regional Office developed a toolkit to train trainers in screening and brief interventions.

271. In Portugal in October 2017, the Regional Office organized the second meeting of the project participants, who included national experts, representatives of governments and NGOs, and researchers from around the EU. They discussed policy developments in the EU and globally, shared experience in reducing youth drinking and heavy episodic drinking, and discussed screening and brief interventions. The Regional Office launched its new training manual on brief interventions in primary care to assist Member States. Also in October, the Regional Office put the Russian version of the manual into practice at a train-the-trainer workshop for therapists and narcologists that took place in the Republic of Moldova, under the country's BCA. It conducted the workshop in collaboration with local experts and international experts from Portugal and the Russian Federation.

272. The Regional Office organized a regional consultation on effective policy measures to reduce alcohol-related harm, based on the results of the monitoring project, following the 7th European Alcohol Policy Conference, held in Slovenia in November 2016. The participants comprised representatives of health authorities and institutions in 30 of the 53 Member States in the Region and a number of international organizations working on alcohol policy. Regional Office staff presented several outcomes of the monitoring project: the publications on preventing the harm caused by alcohol exposure in pregnancy and trends in alcohol-attributable mortality, and the Alcohol Policy Timeline Database. Launched during the Alcohol Policy Conference, the Database provided information on major steps taken by each Member State in developing policy and action to reduce alcohol-related harm, starting from 2006, to facilitate networking between Member States and to assist them in drafting, updating and revising policies.

273. The Regional Office held a pilot training workshop on screening and brief interventions in December 2016 in Moscow, with support from the Russian Federation. The toolkit to train trainers, developed through the monitoring project, was revised to ensure its usefulness in primary health care settings in the country. The workshop focused on equipping participants

from three oblasts (regions) of the Russian Federation and Uzbekistan with the skills necessary to train trainers in screening and brief interventions. WHO developed the training in close collaboration with the Russian Federation's National Research Centre for Preventive Medicine, Research Institute on Addictions and V. Serbsky Federal Medical Research Centre of Psychiatry and Narcology. Experts from institutions in the United Kingdom – the University of Stirling and Scottish Health Action on Alcohol Problems – delivered the training modules.

274. The success of the December 2016 workshop led the Regional Office and the WHO Country Office, Russian Federation, to organize another in May 2017, in collaboration with the Ministry of Health, to build capacity for the use of screening and brief interventions in trauma settings. The participants represented various Russian regions and sectors, including the ministries of Health and the Interior, the V. Serbsky Federal Medical Research Centre of Psychiatry and Narcology, institutions for postgraduate training in emergency and trauma care, and trauma and drug-dependency practitioners. They discussed the newly developed training materials, and the methodology needed to train trauma-care specialists in delivering screening and brief interventions for alcohol in different regions and settings.

275. As part of the 5th European Awareness Week on Alcohol Related Harm in November 2017, Regional Office staff raised awareness on the close link between alcohol and cancer at the European Parliament, explaining this link to an audience composed of Members of Parliament, health attachés and representatives of civil society organizations, and calling for action.

Nutrition and physical activity: progress and challenges

276. While the European Region made significant progress towards the elimination of all forms of undernutrition, the Regional Office continued to work with Member States and partners to combat rising obesity and unhealthy diets, focusing on children as part of the life-course approach, and promoting physical activity.

277. The Regional Office promoted healthy diets in a variety of ways, including a 2016 publication on good maternal nutrition as the best start in life. The book:

- summarized the results of a systematic review of the most recent evidence on maternal nutrition, the prevention of obesity and NCDs in 51 European countries;
- reviewed existing recommendations for nutrition, physical activity and weight gain during pregnancy; and
- listed opportunities for action to promote nutrition and health throughout the life-course, ensure optimal diet-related fetal development and reduce the impact of morbidity and risk factors for NCDs by improving maternal nutrition.

278. Follow-up in 2017 included recommendations for health care professionals on proper maternal nutrition before and during pregnancy, based on experience in Latvia and work done as part of the country's BCA with WHO.

279. Following successful workshops in Malta and the Republic of Moldova late in 2015, the Regional Office continued to train health professionals in primary health care settings to scale up their work to promote healthy diets, physical activity and weight management, using materials developed by WHO. A 2016 publication examined the effectiveness of services

focused on diet, physical activity and weight management in primary care; challenges to their delivery; and entry points to ensure better delivery. Drawing on the conceptual guidance of the European framework for action on integrated health services delivery (see section 6), the book provided guidance on the transformations required to integrate diet, physical activity and weight management services into primary care.

280. A wide range of activities focused on combating unhealthy diets in childhood, and the rising obesity associated with them, as shown by the HBSC report, for example. The WHO European Childhood Obesity Surveillance Initiative (COSI) continued to grow, with the Russian Federation joining in 2016. Participating countries measure trends in overweight and obesity among primary-school children aged 6–9 years, to understand the progress of the epidemic among them, enable comparisons between European countries and inform action to reverse the trend. The Regional Office provided technical assistance in sampling, equipment and training, and organized annual meetings of the COSI network: in the Russian Federation in June 2016 and in Malta in February 2017.

281. Thirty-two Member States took part in the 2016 COSI meeting, to share their preliminary findings from the fourth round of data collection and discuss how to improve COSI and manage its growth, possible expansion in scope and sustainability. At the 2017 meeting, representatives of the participating countries – joined by experts from WHO collaborating centres, partner institutions and observers – reflected on 10 years of building a robust surveillance system and shared experiences in collecting data on overweight and obesity in children. Representatives of 18 countries presented their preliminary results from the fourth round of COSI data collection; up to 39 countries expected to collect data on a total of more than 300 000 children during 2016–2017. The meeting also explored new ways to analyse the data to help deepen understanding of the obesity and overweight epidemic in children and discussed how to use the findings most effectively to inform and promote policy action. With representatives of national health authorities and institutions, the Regional Office trained interviewers collecting data for COSI in Montenegro and the former Yugoslav Republic of Macedonia in 2016.

282. The Regional Office reported on the European Region's progress in implementing the European food and nutrition action plan 2015–2020, presenting both epidemiological data on the nutritional status of populations throughout the Region and information on the implementation of policies recommended in regional and global frameworks to promote healthy nutrition and prevent obesity. The 2017 Regional Committee discussed the progress made, with representatives describing their countries' efforts. In addition, the Regional Office published reports on trends and inequalities in adolescent obesity and related behaviours in the European Region in 2002–2014, and weight bias and obesity stigma. It launched the former at the 24th European Congress on Obesity, held in May in Porto, Portugal. In December 2017, a special issue of the Regional Office's journal, *Public Health Panorama*, focused on innovative policy and practice on obesity and unhealthy diets in the WHO European Region. It:

- examined the rapid increase in overweight and obesity among children and adolescents, and the need to transform both service delivery and health professionals' scope of practice:
- discussed effective concrete solutions that had been implemented in all corners of the Region, such as taxation on sugary drinks; clear, consumer-friendly front-of-

- package labelling; marketing restrictions on the promotion of fatty, salty and sugary foods to children; school food policies; and public procurement; and
- showed the value of surveillance, monitoring and evaluation as tools to inform and assess the impact of actions.

283. In 2016–2017, the Regional Office supported its action networks to reduce salt intake and marketing pressure on children in a variety of ways. Since 2008, the networks had brought together Member States with a particular interest in these topics for information and action: Switzerland chaired the network on salt, with 23 members, and Portugal chaired the network on marketing, with 28 members. Portugal hosted back-to-back meetings of both networks in April 2016, at which participants from member countries, WHO and the European Commission discussed issues ranging from the acceptability of reduced-salt products to consumers to new approaches to reduce the amount of digital marketing of foods high in fats, salt and sugar to children. Network members also presented their recent work, including: Portugal's ambitious new legislation on food marketing to children and Slovenia's adaptation of the Regional Office's nutrient profile model to restrict such marketing. The action network on salt reduction concluded that, despite progress, no European country was on track to meet the goal of reducing intake by 30% between 2010 and 2025. More action was needed. The networks held back-to-back meetings in Ireland in May 2017, hosted by the Food Safety Authority and the Department of Health of Ireland, in close collaboration with the Swiss Federal Food Safety and Veterinary Office, the Directorate-General of Health of Portugal and the Regional Office.

284. The Regional Office helped countries assess food marketing to children and its influence on their dietary preferences and behaviour. A 2016 Regional Office publication reported the findings of a comprehensive analysis of the digital marketing to children of foods high in fats, salt and sugars in the European Region, and called on policy-makers to recognize and address the growing problem. In March 2017, the Regional Office launched a new tool to enable Member States to use a common approach to assessing the extent and nature of food marketing to children. A ready-to-use protocol and accompanying coding forms allow countries to tailor their research to their particular needs. Research using the protocol would produce data on both the persuasive techniques employed and the total amount of marketing to children through both television and Internet advertisements. The Regional Office presented the tool at the 2017 meetings of the COSI network and the action network to reduce food marketing to children. In October 2017, the Regional Office supported the National Institute of Public Health of Slovenia in holding a capacity-building workshop on digital marketing targeting children. The 40 participants included representatives of the Institute, the Ministry of Health, the Agency for Communication Networks and Services of the Republic of Slovenia, the EU Directorate-General for Health and Food Safety, EuroHealthNet, NGOs and academe, along with experts from Austria and Slovakia and WHO staff. They explored the principles of digital marketing and the importance of public health action, and legislative issues and technological options.

285. During 2016–2017, the Regional Office supported country initiatives developed within the framework of the European Food and Nutrition Action Plan 2015–2020 and the Physical Activity Strategy for the WHO European Region 2016–2025. For example, France became one of the first countries in the Region to recommend a colour-coded nutrition labelling system for food products. Greece acted to raise awareness about salt consumption. Slovenia held its first national conference on nutrition and physical activity, to discuss preventing

obesity, promoting healthy food choices, creating environments that enhance physical activity and strengthening the role of nutrition in the successful treatment of disease. As ready-to-eat food is often sold in cities, the Regional Office launched a multicountry study (FEEDcities) to describe urban food environments in central Asia, the Caucasus and south-eastern Europe, and assess the trans-fat and salt content of these foods. With support from the Regional Office, Kyrgyzstan, Tajikistan and Turkmenistan found high levels of salt and trans-fats in food sold on the street. With the support of a team of international experts and WHO staff, Turkey comprehensively evaluated its national programme for healthy nutrition and active living, to contribute to the Ministry of Health's planning of future work to improve nutrition, promote healthy diets and physical activity, and prevent obesity.

286. The Regional Office worked to promote physical activity in a variety of ways, including through mass gatherings and better urban design (see sections 2 and 3). It also worked through a well-established network, the European network for the promotion of health-enhancing physical activity (HEPA Europe). The Regional Office co-sponsored HEPA Europe's 8th conference and 13th annual meeting, which took place in Zagreb, Croatia, in November 2017. It brought together over 355 scientists, policy-makers, practitioners and advocates from 37 countries to discuss approaches to promoting and measuring physical activity. The participants received updates on WHO's work with the EU, particularly through the European Commission Directorate-General for Education and Culture, to implement both the Physical Activity Strategy for the WHO European Region 2016–2025 and collaboration on the EU Council Recommendation on promoting health-enhancing physical activity across sectors. The Regional Office also promoted two new publications on physical activity in urban settings.

Reducing violence and injuries: a safer and fairer Europe for all

287. The Regional Office's work to reduce violence and injuries for all focused on increasing road safety and protecting people, particularly children, against injury and maltreatment.

288. While deaths from injuries in the European Region declined by 28% over a decade and deaths from road crashes had decreased by 8.1% between 2010 and 2013, large inequalities remained and eight countries in the Region reported increased road-crash deaths. The Regional Office promoted further intersectoral action across the Region to decrease mortality, in order to achieve the goals of the United Nations Decade of Action for Road Safety 2011–2020.

289. The Regional Office published profiles on road safety in the 52 European countries that took part in a global survey. A comparison of data revealed an eightfold difference in the likelihood of dying on the road. The profiles provided information on road-crash deaths and key indicators to assess national standards for road safety, such as the implementation of standards for safer road and vehicles, the provision of post-crash care, and legislation and its enforcement to improve road users' behaviour by regulating speed, drink-driving, the use of mobile telephones and the use of seat-belts, motorcycle helmets and child restraints in cars. Practitioners and policy-makers could use the country profiles to assess progress and to ramp up efforts to achieve the Decade of Action's goal to cut deaths from road-traffic injuries by half by 2020.

290. The WHO Regional Director for Europe opened the 12th World Conference on Injury Prevention and Safety Promotion, held in Finland in September 2016, hosted by the Finnish

National Institute for Health and Welfare and co-sponsored by WHO. Discussions focused on addressing the gap between knowledge and policy and promoting intersectoral preventive action.

291. In line with the goals of the Decade of Action for Road Safety, the Regional Office supported countries' work to make the roads safer, and to encourage physically active forms of transport, such as cycling and walking (see section 2) in 2016–2017. At the request of the Ministry of Health and Medical Industry, WHO assessed Turkmenistan's national road safety programme for 2015–2017 and took part in a meeting of its Road Safety National Coordinating Committee to clarify target indicators for measuring deaths and injuries, and improving both post-crash care and road users' behaviour. The Regional Office held intersectoral policy dialogues on road safety in Kazakhstan and Kyrgyzstan, with partners such as a member of the European Healthy Cities Network and the Ministry of Health, respectively, that recommended measures to the authorities on improving road safety. WHO presented evidence to the Parliamentary Subcommittee on Road Safety in Ukraine, which resulted in more extensive recommendations of the same kind. More than half of the countries in the Region took part in United Nations Global Road Safety Week, in May 2017, which sought to spur action on measures to address the dangers of speed to save lives on the roads.

292. Violence and unintentional injuries cause a significant amount of death, human suffering and disability in the WHO European Region every year, and remain the leading causes of death in young people. The Regional Office worked with partners to help Member States protect health and well-being from violence and injuries, with a special focus on investing in children, by implementing the European Child and Adolescent Health Strategy and the European Child Maltreatment Prevention Action Plan for 2015–2020.

293. The Regional Office trained trainers to use the Training, Educating and Advancing Collaboration in Health on Violence and Injury Prevention, version 2 (TEACH-VIP2), the most recent version of its comprehensive training curriculum on preventing and controlling injuries, to build health systems' capacity to prevent violence and injuries affecting children. Developed with a network of global experts, the course material addresses a wide variety of topics related to injury prevention and control. The Regional Office published TEACH-VIP2 in Russian in June 2016, and held a series of workshops to build capacity for injury prevention in countries by training trainers to use the curriculum. These included:

- a workshop for 26 stakeholders from different disciplines and sectors in Latvia in May 2016, co-hosted by the ministries of Health and Welfare;
- a train-the-trainers event in Belarus in November 2016, organized with UNICEF, for representatives of Minsk Medical School, the Ministry of the Interior's Road Safety Unit, the ministries of Emergencies, Health and Education, and the Lifesavers Association, as well as paediatricians, traumatologists and general practitioners, to build intersectoral capacity for prevention and focused on preventing drowning, road-crash injuries and poisoning: the most common types of child injury in Belarus; and
- a train-the-trainers workshop for 30 senior public health professionals from 17 of the 23 regional institutes of public health in Serbia in May 2017, organized with the Ministry of Health and the Institute of Public Health Belgrade, a WHO collaborating centre.

294. Maltreatment causes both immediate damage to children's health and well-being and long-term harm to their development, and can result in dysfunction throughout life. The Regional Office supported Member States in implementing the European Child Maltreatment Prevention Action Plan 2015–2020 in a variety of ways, including measuring the problem and making policy responses. It published handbooks to support the creation of a surveillance system to measure and monitor the prevalence of child maltreatment across European countries, and to show policy-makers and other members of society the steps that can be taken to develop action plans for prevention.

295. In addition, the Regional Office organized or supported countries' initiatives: a situation analysis and a policy dialogue on preventing child maltreatment in Albania, and meetings of stakeholders to discuss surveys of adverse childhood experiences in Poland and the Republic of Moldova. It published the results of the latter in 2018, along with a situation analysis of the prevention of child maltreatment in Latvia. Staff of WHO and UNICEF presented evidence on child maltreatment and proposed recommendations for policy action at a hearing at the Parliament of Turkey in June 2016. It concluded with an agreement that the Government would take a range of actions with the two agencies. In June 2017, the Regional Office, the Nordic Council of Ministers and the Government of Latvia held a workshop in Riga on intersectoral collaboration involving the health, welfare, education and justice sectors to strengthen intersectoral work to prevent child maltreatment. The participants – 100 policy-makers, professionals and activists from 14 Baltic and Nordic countries – reviewed good practices in and evidence-based experience with prevention and discussed how they could be implemented in their countries. Also in June, the Regional Office took part in a multisectoral meeting to discuss ending violence against children in Montenegro, stressing that this was essential to achieving the SDGs and calling for a whole-of-society approach.

296. Finally, the Regional Office also worked to combat gender-based violence. Under the BCA with Czechia, for example, the Regional Office, the Ministry of Health and the Third Faculty of Medicine held a meeting at the Czech Senate in October 2017, at which 45 experts from different sectors discussed domestic violence. Gender equality and the response to domestic violence are priority areas for the Government, which is committed to the life-course approach. WHO staff stressed the importance of the health systems response to domestic violence. In November 2017, the Regional Office took part in a 16-day global campaign of activism, during which WHO headquarters launched a manual on strengthening health systems' responses to the problem. It provided practical tips on how to support health-care providers when responding to violence against women, and how to establish, manage and monitor services for victims of violence. The manual complemented a clinical handbook for health-care providers.

Promoting mental health

297. The Regional Office began a major study of the quality of care and human-rights standards in institutions for people with long-term psychosocial and intellectual disabilities in over 30 European countries. The first phase involved a questionnaire to gather data on standards. In the second phase, experts visited the participating countries to validate the survey results and collect detailed qualitative data to inform analysis and recommendations. With the Lisbon Institute of Global Mental Health, the Regional Office organized a meeting in Portugal in November 2017, to review the results of the country assessments conducted. The meeting brought together government representatives and experts from the 14 countries participating in the study (Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Bulgaria,

Croatia, Czechia, Georgia, Latvia, Lithuania, Portugal, Romania, Serbia and Ukraine), WHO experts and partners from the Picker Institute Europe. The participants identified five key areas where action is needed:

- knowledge/awareness about mental health and human rights protection, particularly concerning the legal mechanisms through which people with psychosocial disabilities can exercise their legal rights and capacities;
- a personalized approach to care through, for example, meaningful recovery plans that promote and enable an individual's integration into community life;
- rehabilitative and recreational activities within institutions;
- legal provisions or legal defence/representation for people living in long-term institutions; and
- alternatives in the community for people living in long-term institutions, such as independent housing, to offer opportunities for living an independent life outside an institution.

298. The Regional Office would publish the aggregated findings of the study in 2018–2019.

299. In addition, the Regional Office published new reports on mental health care for refugees, asylum seekers and irregular migrants in the WHO European Region (see section 1) and on practical issues of dealing with co-morbidity between mental disorders and major NCDs from the perspective of the primary care practitioner. It also supported mental health services for refugees and other people affected by the continuing emergencies in the Region (see section 3). The Regional Office reported to the 2017 Regional Committee on the progress made in implementing the European Mental Health Action Plan 2013–2020, calling for further action to improve mental health in the Region, and held a ministerial lunch during the session, focusing on depression, disability and dementia. This followed on from the work done for World Health Day, which highlighted depression as the leading cause of nonfatal health loss in the world.

6. Strengthening people-centred health systems and public health capacity

300. Helping countries to strengthen their health systems is a pillar of the WHO Regional Office for Europe's work to achieve Health 2020 and the SDGs, so examples of these efforts arise throughout this report. This section focuses particularly on strengthening health people-centred health systems and public health capacity. In 2016–2017 the Regional Office continued to pursue this goal with countries and partners through work towards UHC, innovation for better health outcomes, the alliance of primary health care and public health, and sustainable health financing. A broad range of courses on health systems supported these efforts, and tailored assistance to individual countries tied them all together.

Work towards UHC

301. All levels of WHO worked to promote UHC. After the WHO Executive Board adopted a resolution in January 2016, urging countries to strengthen their essential public health functions to support the achievement of UHC, WHO decided to work at the global, regional

and country levels to embed the IHR in national planning processes for the health sector and to strengthen health systems to ensure a sustained, intersectoral approach to UHC. For example, the EU–Luxembourg–WHO UHC Partnership provided targeted support for health-policy dialogues, health financing and effective development cooperation to 28 countries in Africa, South-East Asia and central Asia, and the eastern half of the European Region. With the European Commission and Luxembourg’s Ministry of Foreign and European Affairs, WHO organized a briefing during European Development Days, in June 2016 in Belgium, describing the Partnership’s work to strengthen good governance and aid effectiveness to achieve UHC. Meeting in March 2017 in Brussels, Belgium, the Partnership deliberated on innovative solutions in countries to advance the UHC agenda. Current members and target countries in the WHO European Region – Kyrgyzstan, the Republic of Moldova, Tajikistan and Ukraine – attended the meeting. Georgia was invited as an observer. The participants noted that countries in the European Region were especially successful in pooling funds for redistribution to people with the greatest health needs, and in reducing or preventing fragmentation in the flow of funds, allowing strategic purchasing arrangements to flourish.

302. The Regional Office’s work on UHC both celebrated past achievements and looked towards the future, focusing on both activities in Europe and contributions to global events and frameworks. It worked closely with policy-makers on how to address concrete obstacles to and enabling factors for a successful large-scale transformation of health systems. With the European Observatory on Health Systems and Policies, it marked the 20th anniversary of the Ljubljana Charter on Reforming Health Care by publishing a special edition of the Observatory’s *Eurohealth* journal. The issue described the range of the Regional Office’s work and showed how Member States across the European Region were transforming their health systems in line with the strategic document, *Priorities for health systems strengthening in the WHO European Region 2015–2020: walking the talk on people centredness*, which was welcomed by the 2015 Regional Committee. The strategic document guided countries in implementing the values outlined in the Ljubljana Charter and the Tallinn Charter: *Health Systems for Health and Wealth of 2008*.

303. In 2017, the Regional Office prepared for several high-level regional meetings on health systems in 2018:

- Health Systems Respond to NCDs: Experience in the European Region, in April in Sitges, Spain;
- Health Systems for Prosperity and Solidarity: Leaving No One Behind, in June, in Tallinn, Estonia, celebrating the tenth anniversary of the Tallinn Charter; and
- the celebration of the 40th anniversary of the Declaration of Alma-Ata, in Almaty, Kazakhstan in October.

304. The unifying themes of all three events were: putting people first, leaving no one behind, tackling inequalities and supporting Member States to act on their public health and health systems commitments in the SDG era. These events would reconfirm the notion of value-based health systems and outline the vision for Europe’s future in view of the 2030 Agenda, and their outcomes would feed into the United Nations high-level meeting on UHC planned for 2019.

305. With the Spanish Ministry of Health, Social Services and Equality, the Regional Office organized a meeting of experts from seven Member States in Madrid, Spain, in November

2017 to hammer out key messages and policy approaches to strengthening health systems for improved prevention, treatment and care of NCDs, in preparation for the 2018 meeting in Sitges. The participants discussed a synthesis report for presentation at the high-level meeting. They agreed that putting people at the centre of coordinated and continuous services required work in four key policy areas: a health workforce fit for purpose, aligned health financing, health information solutions and multipronged medicines policies, all of which must be supported by responsive governance structures. The report would contribute to this global agenda, offering concrete actions that countries can adapt and implement to strengthen their health service delivery and meet the challenge posed by NCDs.

306. The Regional Office also worked with individual countries to improve NCD outcomes. For example, it held an intersectoral dialogue in Belarus in July 2016, focusing on increasing the efficiency and effectiveness of primary-care services for NCDs, as part of a project financed by the EU and implemented by WHO, UNDP, UNICEF and UNFPA. In November, Regional Office experts assessed the areas of health systems that could help to accelerate gains in key NCD outcomes in Serbia, as part of a Regional Office initiative with financial support from the Ministry of Health of the Russian Federation. In 2016–2017, the Regional Office supported countries such as Estonia, Georgia, Kazakhstan, Tajikistan and Turkey in reforming health financing, moving towards UHC and transforming primary care services to better tackle NCDs.

307. In addition, the Regional Office revitalized its work on health system performance assessment. At a workshop held by the Regional Office in April 2016, experts from health ministries and institutions, OECD and WHO agreed that much progress had been achieved in undertaking performance assessments and noted the work done by countries such as Belgium, Hungary, Malta, Slovenia, Sweden and Turkey. For example, in response to European Commission recommendations, the Government of Slovenia had formulated a plan for a health-system review with input from the World Bank, and in consultation with WHO and the European Observatory on Health Systems and Policies. Finally, the workshop recommended that the Regional Office strengthen its guidance to increase accountability for health-system performance, identify less developed performance domains and support information infrastructures in countries (see section 7). In 2017 the Regional Office prepared a new synthesis report, published early in 2018. It supported decision-making for improved health-system performance assessment in the European Region by summarizing the domains and indicators used by 30 Member States. In addition, the Regional Office supported Member States in publishing 17 health system performance assessments in 2016 alone.

Health system governance: transforming health systems

308. After a three-year development process, the Regional Office presented the European framework for action on integrated health services delivery to the 2016 Regional Committee, with an extensive set of tools for its implementation. Countries could use the framework to improve health and well-being by modelling the delivery of health and social services around people's needs. The Regional Committee adopted the framework, applauding the consultative development process, hailing the framework as an inspiration and commending its timeliness in helping to achieve UHC.

309. In developing the framework, the Regional Office had consulted the SCRC, Member States, stakeholders (including representatives of professional associations of primary care

physicians, nurses and occupational therapists; patients' organizations; and insurers and hospitals), international experts from universities and think-tanks, and staff of WHO headquarters and the regional offices for Europe, Africa and the Eastern Mediterranean. It also published a review of evidence on hospitalization related to conditions sensitive to ambulatory care as a proxy indicator of performance and a compendium of initiatives to transform service delivery across the WHO European Region. These publications formed part of the implementation package to support Member States in transforming health-service delivery.

310. The implementation package combined policy documents, advocacy materials, tools and applications to support evidence-informed policy development, institution strengthening and stakeholder engagement in implementing the framework. It also included a glossary of key terms in English and Russian, an inventory of indicators for measuring integrated care, success stories in delivering people-centred health services and documents on such topics as health workforce competencies, patient engagement and population empowerment, and accountability arrangements for integrated health service delivery.

311. In addition, the European Observatory on Health Systems and Policies continued to provide important information on the transformation of health systems in 2016–2017. These included:

- new reviews of the functioning of health systems and reform and policy initiatives in progress or under development in Malta, the Netherlands, Portugal, Romania, Slovakia, Slovenia and the former Yugoslav Republic of Macedonia;
- studies on, for example, health-system efficiency, innovation in the discovery and development of antibiotic drugs, countries' experience with voluntary health insurance, implementation of the right to health care under the United Nations Convention on the Rights of the Child and assessing the economic costs of unhealthy diets and low physical activity; and
- policy briefs and summaries for health policy-makers on such issues as the integration of care for people with multiple morbidities, voluntary cross-border collaboration in public procurement to improve access to health technologies, investment in health literacy and how to make sense of health system efficiency comparisons.

312. Further, an Observatory report was launched at the 2017 Regional Committee: it was a study intended to assist policy-makers in further understanding the part that civil society organizations can play with and alongside government, drawing on case studies of experience from Austria, Belgium, Bosnia and Herzegovina, Cyprus, Finland, Germany, Malta, the Netherlands, Poland, the Russian Federation, Slovenia, Turkey and the EU.

313. Following up on a meeting held at the end of 2015, the Regional Office developed an exciting new stream of work to provide peer support through a network of high-level policy-makers in health and finance. It supports Member States in determining how to transform their health systems and lead change. After publishing a compendium of initiatives to transform health services delivery in countries in the European Region in 2016, the Regional Office held the Second WHO Meeting on Leading Health System Transformation at the Policy Level in Durham, United Kingdom, in July 2017. Over 25 experts from WHO Member States within and beyond the European Region reflected on the lessons they had learned from

leading, promoting, participating in or evaluating the implementation of large-scale health system transformations, and considered case studies including examples from Belgium, United Kingdom (England), Finland and the Republic of Moldova. The participants identified critical factors and tensions they had encountered, including: tensions between bottom-up and top-down approaches; the need for a coherent vision, continuing political buy-in, appropriate leadership across the health and social care landscape, and investment; and the role of information technology. They reached consensus on what challenges needed to be confronted, how to overcome them and how a checklist on assessing readiness for change would provide the necessary support for large-scale transformation of health systems.

314. Finally, with the guidance of the SCRC and an expert working group, the Regional Office developed a framework for action towards a sustainable health workforce in the European Region, and submitted it to the 2017 Regional Committee with a supporting toolkit. It was in line with the global ILO–OECD–WHO five-year action plan on health employment and economic growth, adopted by the 2017 World Health Assembly, and the European strategic directions for strengthening nursing and midwifery towards the Health 2020 goals. Building on a broad consultation process, the framework interpreted the global strategy on human resources for health in a regional context. It had four strategic objectives: to transform education and performance; to align planning and investment; to build capacity; and to improve analysis and monitoring). As recommended by the SCRC, the toolkit provided structured access to proven strategies on human resources for health, planning tools, evidence and concrete case studies. The toolkit was developed with support from the Department of Health (England, United Kingdom), to support Member States in creating fit-for-purpose and sustainable health workforces. The Regional Committee praised the framework for action as a useful mechanism to support Member States in attaining the strategic objectives set out in WHO’s global strategy on human resources for health and to accelerate progress towards the implementation of Health 2020 and the 2030 Agenda, adopting it by consensus. Many welcomed the intersectoral, multistakeholder approach proposed by the framework, and expressed widespread support for both the framework and the toolkit. In addition, the September 2017 issue of *Public Health Panorama* highlighted the critical role that health workers play in ensuring the resilience and sustainability of health systems. Further, the Regional Office introduced the sustainable health workforce toolkit at the Fourth Global Forum on Human Resources for Health held in Dublin, Ireland, in November 2017.

315. Nurses and midwives gave their input to the framework at the annual meeting of the European Forum of National Nursing and Midwifery Associations, held in March 2017 in Germany. The Regional Office marked the International Day of the Midwife and International Nurses Day, in May 2017, by highlighting these critically important professions: sharing the views of nurses and midwives from around the Region on their professional experience and commitment to delivering care of the highest quality. Regional Office staff met with the new nursing officer at WHO headquarters in October 2017, as part of the preparation for the meeting of the Forum in 2018.

Innovation for better health outcomes

316. As shown in sections 4 and 5 and below, the Regional Office addressed health system barriers related to specific diseases and conditions, particularly TB and NCDs. In addition, it developed and launched for global distribution two digital applications for mobile devices: mVOT-TB for video-observed treatment of TB, and an electronic version of the WHO

Practical Approach to Lung Health, ePAL, for primary health care worksheets. With technical assistance from the Regional Office, the Ministry of Health of Latvia demonstrated its commitment to achieving UHC by creating a national e-health programme, scheduled to start in January 2018 (see also section 7).

317. Further, the Regional Office tackled health-system aspects of issues such as AMR, HIV/AIDS and migrant health, as discussed in part above (see also sections 1–4, particularly the discussion of environmentally sustainable health systems in section 2 and the activities of TB-REP and ELI in section 4). The Regional Office worked with the members of its Antimicrobial Medicines Consumption (AMC) Network from 12 countries and areas to help them build or strengthen their national surveillance systems and to stimulate the sharing of data on the consumption of antimicrobial medicines within and between countries and areas. The Regional Office published the results in a report on antimicrobial consumption in 2011–2014 in 2017. It also developed a compendium of good practices in strengthening health systems to protect the health of refugees, asylum seekers and migrants in the WHO European Region. The Regional Office presented TB-REP to SEEHN's 4th South-eastern Europe Health Ministerial Forum in April 2017, as an example of strengthening health systems to prevent and care for communicable diseases. The participants explored the role of health system financing mechanisms, health workforce planning and service delivery models in tackling the challenges posed.

Improving laboratory services

318. Through the Better Labs Better Health initiative, the Regional Office continued to help countries in eastern Europe and central Asia to improve their laboratory services and build the core capacities required to implement the IHR (see section 3). The Regional Office gave a technical briefing on strengthening these services during the 2016 Regional Committee that described the initiative, provided an overview of the role of laboratories in health emergencies under the IHR, gave snapshots of the work of the Russian Federation and Sweden to share expertise with other countries, and showed the progress made by Kyrgyzstan, Tajikistan and Uzbekistan in building laboratory capacity. In approving the Regional Office's proposals to strengthen the implementation of the IHR in the European Region, the 2017 Regional Committee called for the strengthening of laboratory capacities for better detection and verification through the WHO Better Labs for Better Health initiative. During the discussion, representatives described their countries' efforts to make and carry out national policies and action plans, accredit laboratories at the national level and set up national reference laboratories.

319. Kyrgyzstan and Tajikistan in particular took major strides in optimizing their public health laboratory services. This included developing guidance on the regulatory frameworks for licensing and accreditation and on establishing cost-effective tiered systems for laboratory testing, and establishing national systems for sample referral and transport for all epidemic- and pandemic-prone diseases. Health ministries' leadership and the leverage of the national laboratory working groups' work as platforms for change paid off, with donors starting to support countries' proposals. For example, the World Bank provided funding to equip and train staff in laboratories in 10 hospitals for maternal and child health in Kyrgyzstan.

320. The Regional Office held the second meeting of partners in Better Labs for Better Health in December 2016 in Georgia. As well as partners in the initiative – including CDC, the Defense Threat Reduction Agency of the United States Department of Defense, the Royal

Tropical Institute (Netherlands), Public Health England, the University of Copenhagen, Denmark, and UNDP – the participants included representatives of Member States, professional associations in the areas of laboratory quality and biosafety, and representatives of WHO headquarters, regional offices and country offices and other United Nations organizations. They concluded that participating countries had improved their laboratory systems; recognized the national laboratory working groups established under the initiative as a key resource, and gave top priority to improving the regulatory framework for laboratories.

321. Work under the initiative in 2016–2017 included a project to mentor laboratories in Kyrgyzstan, the Russian Federation and Tajikistan on implementing quality-management systems using WHO's Laboratory Quality Stepwise Implementation (LQSI) tool. Trained by the Regional Office, mentors visited laboratories in 2016–2017 to give practical recommendations, help to develop action plans to overcome obstacles, perform audits and provide training on topics such as biorisk management. The project was supported by the European Commission Directorate-General for International Cooperation and Development and the PIP Framework Partnership Contribution. In June 2017 the Regional Office held an advanced workshop for nine mentors, introducing them to the latest developments in laboratory projects and reviewing each mentoring activity under Better Labs for Better Health.

322. As well as supporting mentoring, the Regional Office itself provided training, using the LQSI tool. For example, in October 2017 the Regional Office trained 17 virologists and quality managers from 13 national influenza centres in the Region in laboratory quality management and the use of the LQSI tool. With two WHO collaborating centres in the United Kingdom, and hosted by the national influenza centre in Saint Petersburg, Russian Federation, it also trained 23 virologists from 14 national influenza centres to strengthen their capacity to characterize influenza viruses. It also supported laboratories dealing with polio and measles and rubella (see section 4).

Alliance of primary health care and public health

323. The Regional Office worked to ensure that primary health care (PHC) with a public health approach is at the core of integrated care, through three main avenues: integration of PHC and public health, integration of PHC and social care, and integration of all levels of care.

324. The European Centre for Primary Health Care, a new Regional Office GDO in Almaty, became fully operational in 2016, thanks to the Government of Kazakhstan. It supported Member States in reforming systems to deliver people-centred, integrated health services and provided technical assistance to countries with quality improvement, PHC and hospital reforms, assessment of accountability and incentive arrangements for PHC, and better coordination among practitioners. The WHO Regional Director for Europe launched the Primary Health Care Advisory Group in June 2017, at a meeting convened by the Centre. At its first meeting, the Advisory Group discussed how information systems needed to capture new dimensions – such as people-centeredness, integration and quality – so that they could be used to strengthen health systems and support progress towards UHC, and how a responsive PHC approach should take account of both chronic and acute conditions in the design of services. In September 2017, the Regional Director attended a policy dialogue on health

systems and public health reform, held in Nicosia, Cyprus, that culminated in the country's commitment to developing a national public health strategy.

325. At the request of the Ministry of Labour, Health and Social Affairs of Georgia, the European Centre for Primary Health Care conducted a review of the quality of PHC services with a view to strengthening such services. To meet the need for both stronger monitoring of health service delivery and indicators to measure its effectiveness, quality and equity, the Centre developed and pilot-tested in Kazakhstan a tool for monitoring the performance of PHC in 2017. In September 2017 in Moscow, Russian Federation, staff from the Centre and the WHO European Office for the Prevention and Control of Noncommunicable Diseases met to share experience and brainstorm ways to further enhance the monitoring of service delivery. They aimed to strengthen the availability of data for policy, planning and research, while capitalizing on existing surveillance infrastructure and expertise.

326. As mentioned in section 1, a review of the progress made in implementing the European Action Plan for Strengthening Public Health Capacities and Services, presented to the 2016 Regional Committee, showed that the Action Plan's potential had not been fully realized. It concluded that future action should focus on strengthening the enabler essential public health operations: public health legislation, human and financial resources, and the organization of public health services.

327. In January 2017 the Regional Office joined forces with country champions and organizations from the international public health community to form a coalition of partners to develop and implement a joint agenda for action to strengthen public health services in Europe. Country champions could play a key role in ensuring that the coalition of partners, through its agenda for action, would respond directly and practically to the needs of Member States in their public health reforms. The participants comprised experts from health and other ministries, national public health institutes and agencies, medical schools and public health faculties, and organizations including the European Public Health Association, EuroHealthNet, the European Commission and ECDC, ASPHER, SEEHN, the European Public Health Alliance, the World Federation of Public Health Associations, the World Organization of Family Doctors, the International Union for Health Promotion and Education, the International Association of National Public Health Institutes and the International Health Partnerships Association. They reached consensus on the agenda's key objectives and the activities required to achieve them, and decided on practical actions and concrete next steps. Initial activities focused on building capacity for public health leadership, developing more precise tools for the assessment of public health legislation and financial management of public health services, and providing more detail on the delivery of these services in practice. All tools were pilot-tested and applied during missions to countries.

328. With the Ministry of Health of Finland, the Regional Office convened the second meeting of the coalition of partners in November 2017, to identify and seize further opportunities to respond meaningfully and practically to countries' needs to strengthen their public health services, while reflecting on the jointly implemented activities thus far. These activities, in which the Regional Office took part, included the following projects, led by:

- Louisiana State University, United States of America, and Syreon Research Institute to develop a tool to assess the financing of public health services in Slovenia;

- EuroHealthNet, the Austrian Public Health Institute, and select partners to develop a guide to support managers and policy-makers in setting up a health promotion service;
- ASPHER, to development a roadmap for the professionalization of the public health workforce;
- ASPHER and the Agency for Public Health Education Accreditation, to develop a handbook for managing credentialing and accreditation services in the European Region;
- the University of Maastricht, Netherlands, to develop core competencies for public health professionals to enable competency-based recruitment practices, and to co-lead a second seminar on women's leadership for public health in Odessa, Ukraine.

329. The Regional Office set up an internal task force to align its work on the SDGs, Health 2020 and the European Action Plan for Strengthening Public Health Capacities and Services, as mentioned in section 1, and proposed to the SCRC that it develop an action plan or roadmap in the context of Health 2020 to support the agreed European roadmap to implement the 2030 Agenda. In November 2017, the SCRC approved this proposal, and the Regional Office's plans to set up a task force of internationally recognized experts on public health to assist in the task.

330. The Regional Office continued to support countries in assessing their essential public health operations to strengthen public health services. In 2016–2017, this included assisting Kyrgyzstan, the Republic of Moldova and the former Yugoslav Republic of Macedonia to conduct or follow up such assessments, including with activities such as training, and releasing a web version of its assessment tool. The Regional Office organized a study visit to Croatia and Slovenia in July 2017 for a group of high-level public health workers from Kazakhstan, with support from the WHO country offices for these countries. The visit was part of reforms intended to enable Kazakhstan to develop integrated public health services. In October, the Regional Office promoted intersectoral collaboration for better health in nine NIS through a roundtable discussion. Hosted by the WHO Country Office, Russian Federation, the roundtable focused on implementing the essential public health operations to achieve the SDGs.

Health financing

331. UHC means that all people can use the health services they need without experiencing financial hardship. High-performing health systems provide strong financial protection and use a range of strategies to keep formal and informal out-of-pocket payments to a minimum: at or below 15% of total health expenditure. The Regional Office took the lead in monitoring financial protection to address a major gap in national and regional assessments of health systems' performance. Its work in this area included developing an approach to measuring financial protection more suited to high- and middle-income countries, monitoring financial protection in 25 European countries, contributing to the 2017 global monitoring report on UHC, and working with countries to identify policies to reduce out-of-pocket payments and eliminate impoverishing household expenditures on health. For example, in-depth technical discussions, held in Kyrgyzstan to coincide with the 20th anniversary of the mandatory health

insurance system, focused on improving financial protection and citizens' access to health care.

332. Because the Region lacked a comprehensive set of estimates for financial protection, the Regional Office sought to produce up-to-date estimates using a new approach suited to the high- and middle-income countries in Europe. It reported on its work in *Public Health Panorama* in September 2016, explaining why financial protection matters, showing how the Regional Office's adapted metrics add value to conventional measures and describing how context-specific monitoring can generate actionable evidence for policy-making.

333. The Regional Office published a new analysis of financial protection in Czechia, Estonia and Latvia in December 2017, releasing it on the same day as the global monitoring report on UHC. Finally, the Regional Office's review of financial protection in 25 countries in the Region linked all aspects of strengthening health systems and health outcomes to UHC. The Regional Office would present the findings at the high-level WHO meeting in Tallinn, Estonia, in June 2018 and then to the Regional Committee.

Access to medicines

334. The Regional Office promoted affordable access to effective, high-quality medicines by providing policy options and tools to manage the high prices of new medicines, and effective procurement strategies to ensure supply security. With a WHO collaborating centre at the Austrian Public Health Institute, the Regional Office held the First Summer School on Pharmaceutical Pricing and Reimbursement Policies, in August–September 2016 in Vienna. The Summer School helped train 36 high-level European civil servants from 20 countries in shaping and implementing policies for pricing medicines. An intersectoral panel – comprising representatives of the main association of Austrian social-security institutions, the Austrian Federal Ministry of Health, the European Public Health Alliance, the European Federation of Pharmaceutical Industries and Associations and WHO – called for new ways to negotiate medicine pricing. With the Austrian Public Health Institute, the Regional Office held the second Summer School in Vienna in August–September 2017. International scientific experts and experienced national policy-makers provided insights into policies related to medicine pricing and reimbursement.

335. The Regional Office held a technical briefing during the 2016 Regional Committee session to consider ways to improve access to new medical products in the European Region from a Health 2020 perspective by espousing the principles of solidarity, equity and participation. A panel – including WHO staff and representatives of Belgium, Greece, the Netherlands, Norway, the Republic of Moldova, the European Federation of the Pharmaceutical Industries and Associations and the London School of Economics, United Kingdom – presented priorities for action at the national level and the potential for intercountry collaboration, and generated ideas for future activities that could contribute to better access to new medicines. The Regional Office published a new report in English and Russian on how European countries could improve access and reduce medicine prices through strategic and well-planned procurement processes, and work together to improve the availability of affordable medicines for patients in the Region. In addition, the European Observatory on Health Systems and Policies reviewed pharmaceutical regulation in 15 European countries.

336. The Regional Office reported to the 2017 Regional Committee on strengthening Member States' collaboration on improving access to medicines, in the context of the SDGs and Health 2020. It proposed collaboration-building on existing efforts and including regulatory, policy and financial aspects, strengthening good practice, increasing efficiency and decreasing waste. The report emphasized access not only to new and innovative high-cost drugs but also to existing drugs, particularly to secure treatment for HIV and TB in countries that would no longer be eligible for financial support from the Global Fund. The Regional Committee's decision supported the Regional Office's proposal to concentrate its technical support to Member States on pricing and reimbursement, strategic procurement and information sharing and mutual learning. Civil society organizations acknowledged the discussion as a valuable one.

337. In addition, the Regional Office convened a meeting in February 2017 to focus on horizon scanning and strategic procurement, and review options for collaboration with Member States to facilitate the sustainable introduction of new medicines. It also contributed to the Fair Pricing Forum 2017, organized by WHO headquarters in May and supported by the Netherlands Ministry of Health, Welfare and Sport, to discuss ways to improve access to medicines. Over 200 participants, representing stakeholders and authorities on medicine-pricing policies from across the globe, attended. With LSE Health, London School of Economics and Political Science, United Kingdom, the Regional Office planned a workshop in September 2017 to build practical skills in preparing and conducting negotiations for public procurement of medicines.

338. Technical assistance in the area of pharmaceuticals focused on countries in the eastern half of the European Region. This included a meeting in June 2017 to discuss setting up a network of authorities in the field of pricing and reimbursement of medicines, attended by participants from Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, the Republic of Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan. The Regional Office held the first workshop for the implementation of WHO's guidelines on biotherapeutics in Russian-speaking countries in July 2017. In addition, the Regional Office assisted Kyrgyzstan in benchmarking the capacities of its national drug regulatory agency and revising its law on medicines, and supported Ukraine in developing its national policy on pharmaceuticals.

A broad range of courses on health systems

339. The Regional Office regularly offers a range of courses on various facets of strengthening health systems through a GDO, its WHO Barcelona Office for Health Systems Strengthening, in Spain. Two courses in 2016 focused on improving disease outcomes; a third, held in 2016 and 2017, addressed health financing for UHC. In 2016–2017, the Regional Office held six regional courses and one country-specific course on health financing, for about 350 government officials.

340. The 12th flagship course, held in May 2016, focused on policy options to address health-system barriers to tackling the growing burden of NCDs. It integrated theory and practice in, for example, assessing health systems' performance, including progress measured by the NCD Global Monitoring Framework; reviewing options to scale up individual health services for cardiovascular diseases, diabetes and cancer; and using effective policies to tackle

health-system challenges. In addition, the participants tested what they had learned through an exercise in which they applied these lessons to their countries.

341. The Barcelona Office held a new course in October 2016 on strengthening health systems to improve TB outcomes, targeting countries where the disease imposed a high burden. It brought together 44 decision-makers, senior officials and health system administrators from ministries of health and finance; national TB programmes; health insurance funds and service-delivery organizations; experts and leaders from 12 countries (Armenia, Azerbaijan, Belarus, Bulgaria, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan); and experts from international organizations supporting TB-REP (see section 4). The participants received theoretical and practical training in an integrative, whole-system framework that covered analysing and diagnosing health system performance, improving the delivery of people-centred TB prevention and care, financing health systems, improving governance and managing change, and developing diagnostic tools for systems and reform proposals for their countries. The 2017 edition of the course, held to support the transformation of the financing and delivery of TB services in the European Region, took place in October in Barcelona, Spain. It brought together 45 participants from target countries for TB-REP: Armenia, Azerbaijan, Belarus, Bulgaria, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, Ukraine and Uzbekistan.

342. The sixth and seventh interactive courses on health financing for UHC combined comprehensive thinking about health systems and financing with helpful tools for the analysis, design and implementation of policy. Participants encountered examples from countries throughout the course, solved real-life cases and developed lasting professional relationships. In 2016, 56 participants from 25 countries in the European Region took part, including government officials, managers and experts of health insurance funds, and representatives of public health institutions, academe and international donor organizations. With three applicants for every place in 2017, demand showed the course's value to European health policy-makers. The 66 participants from 25 countries praised the course's mixture of theory and practice, its relevance to their daily work and the full picture it gave of UHC and related matters of financing policy. The Regional Office increased the coverage of this course by conducting it in Russian for the first time, as a summer school in Kyrgyzstan in July 2017, attended by 52 participants from 11 countries, and holding a specific course for Tajikistan in September, supported by the EU–Luxembourg–WHO UHC Partnership.

Examples of work with countries: Greece and twinning work

343. In addition to work with groups of countries, the Regional Office provided tailored assistance to individual countries, such as Greece, on all the topics discussed above. In January 2016, WHO staff and Greek officials started a new initiative, called strengthening capacity for universal coverage, to support the medium-term reform priorities of the health sector. Carried out with EU funding, the initiative supported activities to create the necessary framework for: scaling up the PHC network, rationalizing diagnostics, creating a centre for strategic intelligence and health technology assessment, building capacity for rationalized purchasing of health services, and starting and sustaining dialogue on health policies, strategies and plans. The Ministry of Health of Greece and the Regional Office accordingly organized a policy dialogue on PHC reform in Athens in May 2016. It brought together 200 participants representing the various actors in the Greek health care system to share the

Government's vision for PHC services, discuss the different directions that reforms could take, learn from the experience of other countries and generate practical options to ensure that the reforms in Greece improved access to basic health care and contributed to better health outcomes. A follow-up workshop, in June 2016 in Athens, focused on enhancing the capacities of officials and other key stakeholders to design and implement the health reforms initiated by the Government.

344. Regional Office staff visited Greece in November–December 2016 to assess the organization of public health services, to identify key central and local stakeholders and to start developing a medium-term public health strategy for the country and specifying the public health responsibilities of PHC providers. The results included a broad policy dialogue on public health reform, held in March 2017 by the Ministry of Health and the Regional Office, to create a common understanding of the urgent need to shift the emphasis from curative care to health promotion and disease prevention, identify the structural challenges facing public health services, clarify challenges related to migrants and refugees, establish a common commitment to whole-of-government and -society approaches, and agree on emerging priorities and principles for a national strategic plan on public health. Over 250 participants attended, including representatives of WHO, the European Commission, the Greek Government, including the ministries for health and other sectors, state agencies, local authorities, professional and patients' associations, academe and NGOs. At the same time, the partners hosted another policy dialogue:

- to initiate Greece's collaborative programme for health care reform; and
- to highlight the need for a new strategy that would strengthen public health by addressing the challenges related to migrant populations in Greece and be aligned with the SDGs and Health 2020.

345. In December 2017, the Greek Government inaugurated three local health units in the wider urban area of Thessaloniki, to reduce inequalities and barriers to accessing high-quality health services.

346. In 2017, the Regional Office also assisted the Ministry of Health of Greece to formulate policies to reduce and eliminate informal payments in the health sector, as part of its overall efforts to increase financial protection of the population. The work started with a team of international and local experts evaluating and systematizing available data and developing a framework for understanding the drivers for informal payments and policy options to reduce them. In July, WHO took part in a series of meetings with key stakeholders (including health professionals, patients' associations, academics and legal advisers) and discussed possible approaches to tackling this sensitive issue. With the Regional Office, the Ministry of Health started to consult with stakeholders in November to agree on the most feasible solutions and the way forward.

347. During the biennium, the Regional Office also worked with Greece on various technical issues: exploring immediate and longer-term approaches to health technology assessment to help draft legislation on its use, reducing excessive salt consumption, reducing reliance on caesarean section, changing the profile of the emergency medical services, developing a strategy for a sustainable health workforce, revising medical curricula to encourage people-centred care, and pilot-testing integrated health and social services.

348. Under the initiative to strengthen capacity for universal coverage, the Regional Office encouraged exchanges of experience between Greece and other countries of comparable size and with similar economic, social and cultural conditions. Accordingly, Greek policy-makers made study visits to Portugal in April and July 2016. These enabled them to learn about PHC reforms and their implementation in Portugal, and obtain an overview of the functioning of a well-established agency for health technology assessment, respectively. In November 2017, a Greek delegation visited Italy to learn about recent developments in organizing health care services. The visit focused on emergency and out-of-hours medical services, the coordination between PHC and acute tertiary care, the model for care related to chronic conditions, and different options for organizing patient pathways to ensure timely, high-quality services.

349. Further, the Regional Office, the Ministry of Health of Portugal and the European Observatory on Health Policies and Systems began an evaluation of critical aspects of Portuguese health policies for 2010–2018, to be carried out in 2016–2019. It addressed relevant health experience, Portuguese developments and future options in six major domains:

- developing a health strategy or plan applying the life-course approach to such challenges as the health effects of child poverty, mental ill health, diabetes, hospital infections and healthier living after 65 years of age;
- reforming the national health service to increase accessibility, the quality of care and attractiveness to health professionals, and changing the public–private mix in the Portuguese health system;
- taking new approaches to health promotion and citizen-centred, integrated health care;
- assessing and managing the incorporation and impact of health technologies in the national health service and the wider Portuguese health system;
- ensuring adequate health financing within severe internal and external constraints; and
- improving governance by promoting information transparency and community involvement.

350. In October 2017, Portugal welcomed a visit from decision-makers and health professionals from the Republic of Moldova, who wished to include lessons from its experience in their efforts to transform the Moldovan PHC sector and develop a new health-care strategy.

7. Health information, evidence and research for more effective policy and action

351. Because providing countries and particularly policy-makers with information and evidence on which to base their actions to improve health is so central to the WHO Regional Office for Europe's work to achieve Health 2020 and the SDGs, the previous sections of this report provide numerous examples of such efforts. This section focuses on work done under the umbrella of the Regional Office's European Health Information Initiative, a WHO network committed to improving the information that underpins health policies in the European Region. It fosters international cooperation to exchange expertise, build capacity and harmonize processes in data collection and reporting. The Initiative's membership, which

expanded to 37 in 2017, comprises Member States, WHO collaborating centres, the European Public Health Association, the European Commission and ECDC, OECD and other non-State actors, including the Commonwealth, EuroHealthNet and the Wellcome Trust. The Initiative's steering group meets regularly to review its progress, most recently in March 2017 at the Regional Office. Under the Initiative, the Regional Office works to harmonize health information across the Region, and support evidence-informed policy-making by developing an action plan for the Region, making health information more available and useful to countries, strengthening their health information systems and increasing their capacity.

Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region

352. To ensure that evidence from all relevant sectors was integrated into the implementation of Health 2020 and the SDGs, the Regional Office drafted the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region through extensive discussions in many different forums, with the input of the members of the European Health Information Initiative and the guidance of the SCRC and the European Advisory Committee on Health Research (EACHR). The 2016 Regional Committee welcomed the Action Plan, particularly its focus on e-health and health information systems; noted that the use of evidence was the key to ensuring the timely attainment of the SDGs and the Health 2020 targets; and called on the Regional Office to harmonize and rationalize the collection of data between WHO, the European Commission and OECD to minimize the burden on Member States. Representatives expressed commitment to implementing the action plan, and hoped that other regions would follow suit. The first of its kind to be developed by WHO, the European Action Plan blazed the trail for efforts at the global level, and consolidated, strengthened and promoted the generation and use of multidisciplinary and intersectoral evidence through existing policy frameworks such as Health 2020 and the 2030 Agenda for Sustainable Development. The European Health Information Initiative and the Regional Office's health information networks catalyse its implementation.

353. For example, work to build capacity under the European Health Information Initiative included a meeting that was held in November 2017 in Sofia, Bulgaria, and co-organized by WHO headquarters and the Regional Office. Participants from Armenia, Bulgaria, Estonia, Georgia and Kyrgyzstan explored country-driven methods and systems approaches to advancing national health research and evidence-informed policy-making. They made a declaration requesting the Regional Office to support Member States in strengthening research systems and strategies for health to enhance the use of evidence from national health research to inform health policies, and formed the European Health Research Network under the auspices of European Health Information Initiative, proposing to take concrete action and to engage with other stakeholders in their countries.

354. At its seventh meeting, in April 2016, EACHR offered advice on not only the action plan but also draft global plans on violence and the health of women, children and adolescents, and identified issues for future consideration, including culture and health, the developmental origins of health and disease, and the SDGs. EACHR gave advice and made recommendations on such topics as big data, childhood obesity, immunization, AMR, implementation research, the cultural contexts of health and well-being, migration and health and mental health, at its eighth meeting in May 2017.

Greater availability and dissemination of health information

355. To make health information more available and useful, the Regional Office launched its one-stop shop for data, published key information on countries and work to improve health, sought to expand the evidence base and promoted e-health in the Region.

356. It also strove, however, to balance two needs related to data collection and reporting: to assess the Region's progress in health and well-being and to minimize the burden that international reporting requirements place on Member States. It did so not only in such work as developing the joint monitoring framework for the Health 2020, NCD and SDG indicators (see section 1) but also by establishing an internal data gatekeeping function. This includes the annual planning and review of all data collections to ensure that they are needed to secure the information required to report on the progress made in implementing the resolutions of the World Health Assembly or the WHO Regional Committee for Europe. These reviews significantly improved the reporting situation in the Region and decreased the number of questionnaires.

357. A technical briefing during the 2017 Regional Committee described the cooperation on health information and reporting between the Regional Office, the European Commission and OECD under the European Health Information Initiative, and the opportunities identified to advance it. The discussion highlighted the importance of each organization collecting and making data available, while collaborating to reduce the burden of reporting on Member States. Representatives of Member States expressed strong satisfaction with the level of collaboration, and appreciation for the efforts to reduce the reporting burden and harmonize and integrate health information in Europe.

358. Another 2017 technical briefing addressed the strategic role of big data as a data-driven approach to facilitating health decision-making and strengthening evidence for policy-making. An expert panel – including representatives from the European Commission, the Regional Office and Hungary, Israel and Portugal – called for a more relevant definition of the term in the context of public health policy and outlined the key barriers to the broader use of big data. The participants at the briefing encouraged the Regional Office to take forward the development of big data under the European Health Information Initiative, particularly by supplying a better definition, identifying relevant users and target groups and defining methods for using big data in developing evidence-informed health policy.

European Health Information Gateway: one-stop shop for health information

359. The Regional Office's European Health Information Gateway brings together the data managed by WHO and other recognized sources, including UNESCO and UNDP. It presents its resources under the headings of themes, country profiles and infographics. Although policy-makers started using the Gateway in 2015, the Regional Office launched it for public use in March 2016, and developed a health statistics app to support it. The Gateway proved an immediate success, and grew to include thousands of indicators and resource links to topics across the continuum of health. In 2017, the Regional Office launched a brand-new tool in the Gateway: the Health for All explorer, which allows integrated access to its Health for All family of databases, the Region's gold-standard source of health statistics and assessment tools in key health policy areas.

360. The Regional Office launched a revamped version 2.0 of the Gateway in October 2017, including new functionalities and enhanced presentation of diverse health information. A new search feature allows all information on the Gateway to be mined and queried for analysis using natural language terms. The Gateway now offers detailed how-to articles and videos to users ranging from beginner to advanced, on, for example, how to create, share and publish interactive visualizations, and how to perform data analysis via the application programming interface and data warehouse. The Health for All explorer was enhanced with updated visualization and export functions.

361. The Regional Office would report to the 2018 Regional Committee on the Gateway, sharing good news about its success. For example, use of the Gateway has doubled each year since its launch in 2016. The Gateway is gaining recognition on the World Wide Web and in search engines, and rapidly gaining popularity in the Russian-speaking part of the European Region: traffic from the Russian Federation has tripled since March 2016. The Gateway is fulfilling its goal to allow users to easily access information, and meeting the needs of different users.

Key publications and a better evidence base

362. The Regional Office regularly published key information on countries and work to improve health in the European Region. Its flagship publication, the 2015 European health report, was the most popular publication in 2016. The Regional Office worked in 2016–2017 to develop the next European health report, which would be launched at the 2018 session of the Regional Committee. It would focus on community resilience, the whole-of-society and life-course approaches, and empowerment. In addition, the Regional Office produced a new series of profiles and highlights on health in countries: covering Bulgaria, Georgia, Greece, the Republic of Moldova and Slovenia in 2016–2017, and was preparing profiles and highlights for Malta and the Russian Federation for publication in 2018.

363. The Regional Office gave a snapshot of health in the 53 Member States in the Region in its fifth and sixth annual publications on core health indicators. The 2016 edition covered the main health domains by focusing on Health 2020 indicators (the health status of the population, main determinants of health and risk factors, as well as background demographic and socioeconomic characteristics), with a special focus on the 2030 Agenda for Sustainable Development, presenting graphs and maps on such key topics as inequalities, UHC, social determinants, risk factors and NCDs. The 2017 publication presented information on key SDG-related topics, such as inequalities, UHC, risk factors and NCDs. An important 2017 report on Member States' progress in implementing Health 2020 is described in section 1.

364. Frequently mentioned in earlier sections for its coverage of action by both countries and WHO, the Regional Office's journal, *Public Health Panorama*, also published issues on information for evidence-informed policy-making and the cultural contexts for health, in English and Russian, in 2016–2017.

365. In addition, the Regional Office continued its work on the cultural contexts of health to create a better evidence base for key Health 2020 concepts such as subjective well-being, community resilience and empowerment, with a generous grant from the Wellcome Trust. In 2016, WHO expanded its capacity in this areas by designating the Centre for Medical History at the University of Exeter, United Kingdom, as the WHO Collaborating Centre on Culture and Health until 2020.

366. In 2017, the Regional Office started a two-year project, funded by a grant from the Robert Wood Johnson Foundation, United States of America, to deliver strategies that 21st-century systems can use to prioritize health and well-being and pursue the health-related targets of the SDGs. The project will devise a culture-centred approach to measuring health and well-being, develop meaningful, country-level reporting mechanisms that include quantitative and qualitative health information, and help policy-makers better understand the key drivers of positive, holistic well-being. Also in 2017, the Regional Office held the third meeting of its expert group on the cultural contexts of health and well-being in France, hosted by co-organizer and partner UNESCO; and published a policy brief on incorporating cultural awareness into policy-making to develop adaptive, equitable and sustainable health care systems and to make policy on, for example, nutrition, migration and the environment. Further, in September 2017, a Regional Office publication, a Health Evidence Network synthesis report called *Cultural contexts of health: the use of narrative research in the health sector*, received an award in the British Medical Association Medical Book Competition.

367. Finally, in response to the increasing need for information in Russian, the Regional Office, its WHO European Office for the Prevention and Control of Noncommunicable Diseases and the WHO Country Office, Russian Federation, gave a training course in Moscow for over 30 Russian translators and WHO staff in October 2017. The participants discussed the key principles of translating for WHO, learned about the quality control process, practised translating challenging cases, and discussed ways to overcome the difficulties in, for example, correctly tackling nuances and ensuring accuracy in translating technical language. The training helped to strengthen the Region's capacity to produce information in Russian, and to develop a pool of Russian freelance translators for the Regional Office. In addition, the Russian Federation provided funds to support a 2018 project to increase the quantity and quality of WHO health information in Russian.

e-health

368. The Regional Office's priorities for digital health in the European Region include assisting countries to use it to achieve UHC, the Health 2020 targets and the SDGs; to develop evidence-informed health policy; and to empower individuals in making informed decisions about their health and well-being. The Regional Office pursued these goals through, for example, partnership with the European Commission in support of the annual eHealth Week, starting in 2015. It stepped up its participation in 2017, joining the team creating the programme for eHealth Week, which was held in Malta in May and organized by the Ministry for Health, as part of the Maltese Presidency of EU, with the European Commission and HIMSS-CHIME International, a partnership of the Healthcare Information and Management Systems Society and the College of Health Information Management Executives. Embodying this closer partnership, the WHO Regional Director for Europe opened eHealth Week 2017 with the European Commissioner for Health and Food Safety, calling for "a beautiful marriage between public health and e-health". During the event, WHO staff held sessions addressing public health, featuring experts from WHO partner organizations and key stakeholders in the Region, such as universities and public health institutions.

369. Early in 2016 the Regional Office published a report on the development of and emerging trends in e-health in the WHO European Region. It showed evidence of an increasing appetite for e-health and tangible progress in mainstreaming of technology solutions across the European Region to improve public health and health-service delivery. In April 2016, Ukraine took its first steps towards developing a national e-health strategy, at a

workshop held by the Regional Office, the World Bank and the Swiss Agency for Development and Cooperation. The Ministry of Health took the lead in designing an action plan that, relying on the findings of the workshop, would identify milestones and timelines to prepare a comprehensive strategy for the country. As described in section 6, Latvia created an e-health platform in 2017. In addition, WHO, the International Telecommunication Union and the European Commission signed an agreement for the establishment of a mobile health (m-health) knowledge and innovation hub in Europe in 2017, to foster collaboration between research and other stakeholders. It could provide a reliable, independent source of advice and support to countries on developing national m-health programmes.

Strengthening health information systems and capacity

370. Health information systems are crucial for monitoring public health in countries; providing reliable and up-to-date health information for policy-makers, stakeholders and the broader public; and reporting to international organizations and monitoring frameworks, such as those for Health 2020, the NCD Global Monitoring Framework and the SDGs. The Regional Office worked to help countries strengthen their systems, both individually and through networks (including the new European Health Research Network), to support evidence-informed policy-making and to strengthen health information.

Networks for evidence-informed policy

371. The Regional Office's revitalized Health Evidence Network (HEN) continued to produce syntheses of the best available evidence, including a summary of the main findings and policy options. In 2016–2017, the Regional Office published the many HEN synthesis reports described in the sections above. The 50th HEN report was a resource kit that provides guidance on developing evidence syntheses, and one of its successors presented evidence on mechanisms and tools for using health information for decision-making.

372. The Regional Office also started a new network to harmonize methodology to study the burden of disease across countries and enable meaningful knowledge exchange. With the Institute for Health Metrics and Evaluation at the University of Washington, United States of America, and Public Health England, United Kingdom, the Regional Office held the first meeting of the European Burden of Disease Network in September 2016 in the United Kingdom. The participants included experts from the 11 participating Member States (Belgium, Denmark, Germany, the Netherlands, Norway, Portugal, the Russian Federation, Serbia, Sweden, Switzerland and the United Kingdom), Estonia and Georgia. In August 2017, these countries and partners came together in Oslo, Norway, hosted by the Norwegian Institute of Public Health, to agree on their work plan, discuss a draft manual for countries conducting studies of the burden of disease and facilitate effective knowledge exchange between experts in the field.

373. Part of a WHO global initiative to promote the systematic use of health-research evidence in policy-making, the WHO Evidence-informed Policy Network (EVIPNet) Europe added two new members in 2016, bringing the total to 19: Albania, Bulgaria, Estonia, Georgia, Hungary, Kazakhstan, Kyrgyzstan, Lithuania, Poland, the Republic of Moldova, Romania, the Russian Federation, Serbia, Slovakia, Slovenia, Tajikistan, Turkmenistan, the former Yugoslav Republic of Macedonia and Ukraine. Greece planned to join in 2018. EVIPNet Europe builds members' capacity to develop policy briefs and establish mechanisms to translate evidence into policy. Representatives of the 19 member countries, the Wellcome

Trust and the Cochrane Collaboration met in June 2017 in Slovakia to take stock of the progress achieved and conduct further capacity-building workshops on developing evidence briefs for policy and establishing rapid response services to produce research syntheses within hours or weeks.

374. During 2016–2017, members conducted situation analyses, developed policy briefs and published the results. For example, an evidence brief was the catalyst in Estonia’s plans to reduce sugar intake and related obesity in the country, starting with a tax on sugar-sweetened drinks. The Regional Office also enabled EVIPNet Europe members to translate knowledge into action by supporting country teams in drafting evidence briefs for policies on AMR (see section 4 for examples).

375. EVIPNet Europe established a partnership with the Cochrane Collaboration to train Cochrane contributors to deliver training for EVIPNet Europe. In 2016–2017, the Regional Office published checklists on communication and advocacy and the preparation and facilitation of policy dialogues, a report on EVIPNet Europe’s work and a manual to help members conduct a situation analysis of contextual factors that can support or hinder countries in identifying the organizational and operational niche of their future EVIPNet knowledge translation platforms.

376. In November 2017 five member countries of EVIPNet Europe – Estonia, Hungary, Kazakhstan, Poland and the Republic of Moldova – reported their achievements and demonstrated the impact of promoting evidence-informed policy-making at a workshop of the 10th European Public Health Conference, held in Stockholm, Sweden. The country teams highlighted their achievements, which included producing two situation analyses to examine the national context for evidence-informed policy-making; four evidence briefs for policy to address country-specific high-priority public health issues; and a policy dialogue to blend the evidence brief with tacit knowledge from key stakeholders.

Networks for groups of countries

377. The Small Countries Health Information Network developed from the Small Countries Initiative and involved the same eight countries (see section 1). The Maltese Ministry for Energy and Health hosted the first meeting of the focal points of the Network in March 2016. The participants exchanged experience and agreed on steps that their countries could take to meet common challenges in harmonizing data collection to minimize the burden of reporting (see above). The Regional Office convened the third meeting of the Network’s focal points during the fourth high-level meeting of small countries, in Malta in June 2017, to discuss developments since the previous meeting and to agree on further action points. The participants agreed on the use of the rolling averages methodology and the next steps to be taken in establishing an indicator set for assessments of health-system performance and updating the workplan.

378. Another group of countries – the members of SEEHN (see section 1) – agreed to establish a health information network at the 4th South-eastern Europe Health Ministerial Forum, held in April 2017 in the Republic of Moldova. It would take this work forward in 2018.

379. A special working group of the Central Asian Republics Information Network proposed a list of joint indicators that all five member countries would use for reporting. Member

countries planned for the Network steering group to consider the adoption of this list at its next meeting.

Building capacity

380. The Regional Office worked to build capacity in countries and areas to strengthen not only their health information systems but also evidence-informed policy-making and e-health capacity. It assessed health information systems upon request, using the support tool developed for the purpose. The Regional Office pilot-tested this tool in Albania, Bulgaria and Ukraine in 2015–2016. The results showed a great need for capacity-building activities and a condensed version of the support tool to facilitate self-assessment. The Regional Office started to revise the tool accordingly, and made further assessments in 2017 in three countries and areas. The Regional Office held a workshop on using the support tool to make a comprehensive assessment of the national health information system in the former Yugoslav Republic of Macedonia in May 2017, with participants including health officials and representatives of health and information institutes.

381. In addition, the Regional Office continued its successful Autumn School of Health Information and Evidence for Policy-making. It followed up the 2015 Autumn School with the Advanced Course on Health Information and Evidence for Policy, held in Cyprus in June 2016. The 2016 Autumn School, held in October in Romania, enabled the participants to explore the full chain from data to policy recommendations for the Health 2020 indicators using data from their countries as much as possible. They assessed available data sources for the Health 2020 indicators and the quality of the data provided, and learned about:

- public health indicators in general, particularly those for Health 2020;
- the use of the European Health Information Gateway and WHO databases; and
- quality criteria for health reporting and making policy recommendations on Health 2020 priorities.

382. The Autumn School also gave the participants insights that they could apply to improve their countries' health information systems.

383. In 2017 the Regional Office held the Advanced Course in Bosnia and Herzegovina in June–July and the Autumn School in Georgia in October. The Advanced Course built on the foundation laid at the Autumn School and covered theoretical and practical aspects of the following areas: strengthening digital health and the development of digital-health strategies; interpreting and prioritizing differing data sources in health information systems; measuring well-being and qualitative methods; developing issue briefs based on health information and research; and communicating health information effectively.

384. Participants from 12 countries attended the Autumn School; using real national data as far as possible, they explored:

- acquiring knowledge of data needs and methods for monitoring health inequalities, including the burden-of-disease approach;
- understanding the information needs and requirements to effectively prepare for and respond to health emergencies;

- learning about quality criteria for health reporting and about making policy recommendations in line with Health 2020 priorities; and
- gaining knowledge of tools and good practices for narrowing the gap between research and policy-making.

8. Advancing WHO reform and financial sustainability

385. As this report shows, the WHO Regional Office for Europe performed all its work in 2016–2017 with Member States and other partners, and as part of one WHO. To increase its effectiveness in carrying out its commitments, the Regional Office continued to contribute to WHO reform, to seek sustainable funding and strengthened governance in the European Region, and to expand the number, depth and types of its partnerships, its technical capacity and its communications and publishing work.

WHO reform

386. As in previous years, the 2016 Regional Committee discussed WHO reform issues: focusing on governance issues resulting from the Open-ended Intergovernmental Meeting on Governance Reform, the new Framework of Engagement with Non-State Actors and managerial reforms within WHO. With the guidance of the SCRC and its subgroups on health emergency management and governance, the Regional Office for Europe took part in the reform of WHO's work in health emergency management (see section 3), established a multiyear agenda for Regional Committee sessions, strengthened the SCRC's oversight function and improved its geographical representation, conducted regular reviews and sunseting of Regional Committee resolutions, revised the process of nominating the Regional Director and increased the transparency of nominations for membership to the Executive Board and the SCRC. In the Regional Committee discussion, some representatives called for an in-depth discussion of the principles governing the adoption of regional instruments and the preparation of resolutions inspired by ministerial meetings.

387. The Regional Committee also welcomed the new Framework of Engagement with Non-State Actors, which would ensure that engagement with NGOs, private-sector entities, philanthropic foundations and academe would:

- demonstrate a clear benefit to public health;
- conform with WHO's Constitution, mandate and programme of work;
- respect its intergovernmental nature and Member States' decision-making authority;
- support and enhance the scientific and evidence-informed approach underpinning WHO's work;
- protect WHO from undue influence and uphold its integrity, independence, credibility and reputation;
- avoid conflicts of interest; and
- be based on transparency, openness, inclusiveness, accountability and mutual respect.

388. Coherent implementation of the Framework across all levels of WHO was deemed crucial. The Regional Office built its new vision for partnerships (see below) under the umbrella of the Framework.

389. With the guidance of the SCRC subgroup on governance, the Regional Office reported on governance reform to the 2017 Regional Committee. It proposed:

- to strengthen the alignment between work at the global and regional levels by adopting a case-by-case approach to considering whether a global policy required adaptation to the regional context and therefore inclusion on the multiyear forward-looking agenda for the Regional Committee;
- to increase the visibility to the Executive Board of key messages from the Regional Committee by making a brief oral presentation on them to the Board;
- to determine whether the outcome of the high-level regional meetings held each year should be referred to the Regional Committee by adopting a process and criteria agreed by SCRC;
- to streamline the consultation of Member States on documentation for the Regional Committee by holding two web-based consultations on working documents and draft resolutions; and
- to ensure thorough consideration of WHO's work in countries by making the report on this subject a standing item on the Regional Committee's agenda.

390. The Regional Committee welcomed and accepted these proposals, thanking the WHO Regional Director for Europe and the SCRC for their leadership on governance matters. The European Region set a high standard on governance, with numerous best practices that would benefit to the whole of WHO. Meeting after the Regional Committee session, the SCRC decided to continue its subgroup on governance, but not those on IHR and migration and health, as regional plans were in place. The SCRC established two new open-ended subgroups, on vector control and countries at the centre, the latter of which would address IHR and migration issues when needed.

391. As to managerial reforms, the European Region continued to have a strong accountability framework. A new compliance and risk management function was established in the Division of Administration and Finance. The Regional Office has been following up and promptly implementing all audit recommendations. The audit of the Regional Office had identified several good practices that could be shared with other WHO regional offices, such as monthly reports to the Executive Management Committee on achievement of results, key performance measurements, budgeting, resources, salary gaps, award management and compliance; the communication structure and flow of information through focal points in technical units and country offices; and regular briefings for staff on finance, compliance and procurement issues. It had worked closely with the Staff Association of the WHO Regional Office for Europe on operational and administrative issues of concern to staff. The Regional Office was a leader in shaping WHO business intelligence and had been instrumental in influencing the design of the programme budget web portal.

Financial situation

392. As of 31 December 2017, the Regional Office had utilized 96% of the available base budget resources, while 85% of the allocated programme budget was financed. The current level of utilization is comparable to the previous biennium; it shows higher absorption capacity as the approved base budget for 2016–2017 was 9% higher than in 2014–2015. Pockets of poverty persisted in some areas, including environment and health.

393. Although the Regional Office was the third best-funded major office for base budget, after WHO headquarters and the Regional Office for Africa, budget funding continued to be misaligned, with a significant variation between well-financed and underfinanced programme areas. The Regional Office relied on the flexible funds allocated from the global level to bridge the gap to the extent possible in the underfinanced programmes, although the predictability of such funding needs improvement in both the time of distribution and the amount. Programme managers received financial information through dashboards on a monthly basis and discussed them at monthly meetings.

394. The 2016 Regional Committee reviewed the draft proposed programme budget for 2018–2019 in conjunction with a report detailing the WHO European Region's perspective, and provided its feedback on the strategic orientations presented and on the proposed regional budget for 2018–2019, as well as issues related to financing. The Regional Committee discussion focused on the need to further improve the process of setting priorities and aligning the budget accordingly, as well as the future financing of the budget, especially in view of the WHO Director-General's recent call to consider an increase in assessed contributions. Representatives recognized the critical importance of improving the predictability of future financing and expressed their openness to continuing the dialogue with WHO. They called on WHO to continue its efforts to improve accountability and transparency, and to further explore possibilities for gains in efficiency.

395. The WHO Executive Board reviewed a revised version of the programme budget in January 2017. The World Health Assembly adopted the final version in May, which set out WHO's priorities in line with the SDGs and included increased investment in the new WHO Health Emergencies Programme and combatting AMR. The Regional Office presented the regional plan for implementing the programme budget for 2018–2019 to the 2017 Regional Committee. Member States expressed their full support for the Regional Office's 2018–2019 priorities, particularly the emphasis placed on NCDs, health systems and the WHO Health Emergencies Programme. Representatives also commended the Regional Office's continued efforts to strengthen accountability and integrated monitoring of the technical and financial implementation of the programme budget.

396. Also in 2017, WHO Director-General asked the WHO Regional Director for Europe to chair a GPG working group to examine how WHO could scale up its resource-mobilization efforts. The GPG adopted the working group's recommendations on, for example:

- the need to increase the currently very low country capacity within WHO for resource mobilization;
- to professionalize certain resource mobilization functions;

- to increase the focus on potential new and structured engagement with current contributors and work towards a more integrated approach to strategic partnerships, resource mobilization, communication and advocacy; and
- to better highlight value for money by better defining priorities and an investment case at a more aggregated level.

Partnerships for improved health and policy coherence

397. Every page of this report demonstrates the importance of partnerships to the work of the WHO Regional Office for Europe. In 2016–2017, the Regional Office sought to transform its partnerships: building on the robust relationships already built with key partners – such as the United Nations family, the EU and its institutions, the Global Fund to Fight AIDS, Tuberculosis and Malaria and OECD – expanding them and making them work even better at all levels: global, regional, subregional, national and subnational.

398. The Regional Office presented to the 2017 Regional Committee a renewed vision for the future of strategic partnerships, taking account of the 2030 Agenda and the recently adopted WHO Framework of Engagement with Non-State Actors. This vision included a heightened focus on work at the country level, through implementation of the United Nations Development Assistance Frameworks, with the assistance of the United Nations Issue-based Coalition on Health (see section 1), and following the objectives, principles and modalities for continued cooperation with United Nations agencies and EU institutions already agreed by the Regional Committee. Collaboration with intergovernmental mechanisms would continue, with emphasis on the national and subnational levels. The Regional Office had increased collaboration with intergovernmental entities in the eastern part of the Region, through significantly strengthened engagement with the Health Cooperation Council and the Interparliamentary Assembly of the Commonwealth of Independent States, and the Eurasian Economic Union. The Regional Office would work through transformative partnerships at all levels to support achievement of the health-related targets of the SDGs and to address the social determinants of health across agencies, sectors and civil society, involving them in policy-making and implementation.

399. The WHO Framework of Engagement with Non-State Actors aimed to provide coherent rules and guidance, to make WHO's engagement with non-State actors more transparent to Member States and partners, and particularly to protect WHO from any undue influence by putting in place processes to ensure due diligence, risk assessment and risk management. To ensure immediate implementation, the Regional Office had documented the details of non-State actors and its engagements with them, to ensure accurate and complete records. WHO headquarters was preparing an electronic register of non-State actors, a handbook for them that would clarify modes of engagement and a guide for staff on how to work within the Framework.

400. The Regional Office vision for partnership proposed a policy for accrediting non-State actors not in official relations with WHO to attend meetings of the Regional Committee, in line with the Framework of Engagement. The Regional Office would assemble the applications for accreditation received until the end of each year; the SCRC would review the applications by the following March and the Regional Committee would consider them for approval at its regular session in September. The Regional Committee decided to adopt this procedure. In addition, the Regional Office was committed to expanding existing

collaboration to engage representatives of young people in the implementation of the 2030 Agenda at the country level. As well as the vision and policy, the Regional Office provided the 2017 Regional Committee with further information on its multitude of cooperation activities. It also held a briefing for 35 representatives of NGOs before the 2017 Regional Committee, describing the agenda and the proposed accreditation procedure.

401. In addition to the cooperation with the EU described in previous sections, the Regional Office worked with the European Commission to ensure the consideration of health in key strategic EU documents, such as the new European Consensus on Development and European action for sustainability, which are structured to support the achievement of the SDGs. Further, the Regional Office and the European Committee of the Regions joined forces to improve European dialogue on health policy by signing a memorandum of understanding in November 2016.

Patron

402. As mentioned, the Regional Office received invaluable support from its Patron, Her Royal Highness The Crown Princess of Denmark. In 2016–2017 this work included visiting the Republic of Moldova to support immunization and maternal and child health, sustained support for European Immunization Week, and World Antibiotic Awareness Week, stressing the importance of health at the 2016 Women Deliver Conference (of which Her Royal Highness was Patron) and speaking to both sessions of the Regional Committee. The WHO Regional Director for Europe praised these efforts when the WHO Director-General presented Her Royal Highness The Crown Princess of Denmark with a WHO Medal, in recognition of her contributions to global health, in February 2017.

Working with and for countries

403. In addition to all the activities described in previous sections, the Regional Office continued to intensify its work with Member States in 2016–2017. It restructured its formal agreements with countries to include a focus on the SDGs; this included most of the 29 BCAs and new country cooperation strategies with Member States. Malta signed such a strategy, and a BCA, at the World Health Assembly in May 2016; Belgium signed its strategy at the Regional Office the following November. This was followed up with a new framework agreement for 2018–2022 between the Regional Office and the Belgian Federal Public Service, Health, Food Chain Safety and Environment, signed in November 2017. The agreement focuses on five key priorities: people-centred health systems and public health capacity; NCDs; preparedness for, surveillance of and response to health emergencies; environment and health; and communicable diseases. The Regional Office was developing strategies for Iceland and Italy.

404. As in previous years, the Regional Office welcomed visits by ministers and other high-level officials, which offer an excellent platform for discussing priorities and strengthening collaboration. Delegations from Member States included ministers from Armenia, Belarus, Belgium, Bosnia and Herzegovina, Croatia, Hungary, Latvia, Lithuania, the Netherlands, Montenegro, Poland, Portugal and the Republic of Moldova. The Regional Office held four country days: welcoming high-level delegations from Kyrgyzstan, Norway, Sweden and Turkmenistan to the Regional Office to learn more about WHO's work and to explore areas of technical collaboration with each in detail. In addition, the WHO Regional Director for Europe met with heads of State, prime ministers and ministers, to advocate health and

promote intersectoral work, in her visits to such countries as Armenia, Cyprus, Czechia, Georgia, Greece, Hungary, Ireland, the Republic of Moldova, Romania, the Russian Federation, Slovakia, Slovenia and Turkey.

405. The Regional Office strengthened its country presence with the appointment of WHO representatives in Albania, Armenia, Belarus, Bulgaria, Georgia, the Russian Federation, Serbia, Slovakia, Slovenia, the former Yugoslav Republic of Macedonia, Ukraine and Uzbekistan. It held annual retreats for the heads of WHO country offices in the European Region, enabling them to raise and discuss issues of common interest and increase coordination with the managers of technical programmes. In 2017 the Regional Office proposed establishing a new country office in Israel and agreed with the Greek Government to open one in Greece. The WHO Director-General gave the WHO Country Office, Turkey an award for excellence in May 2017. As demonstrated above, close cooperation with individual countries had enabled the Regional Office to expand its technical capacity in health policy, environment and health, investment for health and development, PHC, health-system strengthening and NCD prevention and control through GDOs located in and supported by Belgium, Germany, Italy, Kazakhstan, Spain and the Russian Federation, respectively.

406. Member States appoint national counterparts to serve as contact people for communication on strategic and technical issues with the Regional Office. The Regional Office renewed the designation and terms of reference for the national counterparts and listed them on its website. It also continued to work with national technical focal points, nominated by Member States, who provide reviewed, updated and analysed data from their countries, disseminate best practices and information obtained from WHO and support the implementation of BCAs in countries that have them.

407. In addition, with guidance from the SCRC, the Regional Office submitted an analytical report on its performance in countries for submission to the 2017 Regional Committee, in alignment with global reports prepared for the World Health Assembly. The report gave an overview of the Regional Office's work at the country level, both through WHO country offices and in countries without them, using performance-indicator data. It:

- highlights the achievements of WHO reform at the country level, including country-level leadership, and the prioritization of WHO's work through bottom-up planning processes and coordination efforts across WHO's three levels;
- describes how WHO country-level support – driven by global and regional workplans – is achieved and identifies the gaps and challenges for further enhancing WHO's performance;
- provides a snapshot of successes in Member States with country offices and outlines work in cooperation with Member States without them; and
- provides an overview of funding at the country level.

408. The Regional Office also held a technical briefing on steps to ensure positive outcomes for health at the country level. Participants from Estonia, Greece, Romania, Tajikistan and Turkey described the role of WHO country offices in translating WHO's technical advice and evidence-based policies into action in countries. Representatives of two Member States called for the strengthening of WHO's operational work at the country level.

Strategic communications

409. In 2016–2017, the Regional Office continued to use a variety of means to reach its target audiences and to strengthen its role as a provider of information and evidence useful to countries. Using its website, the Regional Office increased its outreach and interaction with countries through social-media channels, interactive apps, virtual meetings of communications focal points, targeted workshops and training, and public engagement at external events.

Highlights

410. The Regional Office adopted a communications strategy for 2016–2020 in November 2016, shifting towards a proactive focus for its communications activities, with an emphasis on communications for and about country work. It integrated the implementation of Health 2020 and the 2030 Agenda for Sustainable Development into communications outreach and products. In developing and sharing public health messages, the Regional Office shifted the emphasis to complementing quantitative data with individuals' qualitative experiences, in line with the vision of the SDGs. It built dedicated websites to provide the knowledge hub for the Region on migration and health, and provide resources for achieving health goals within the SDG framework. It also relayed the personal experiences and insights into current public health issues of people from across the WHO European Region in a series of short films called "Voices of the Region", which was shown at the 2017 Regional Committee session.

411. In 2016–2017, the Regional Office developed and carried out communications campaigns – with outreach to different levels, networks and interest groups – to support all its major activities, including dedicated health days, conferences and other major gatherings, health campaigns and meetings of WHO governing bodies. An integrated solution was introduced to provide an easy way for participants to register for, for example, the 2016 and 2017 Regional Committee sessions and the conferences in Paris in 2016 and Ostrava in 2017. The solution gave participants quick access to documentation and enabled them to interact through specially built apps. In May 2017, the communication team at the Regional Office received an award from the WHO Director-General for their outstanding contribution to WHO's work.

Getting WHO's message out through its website

412. In 2016–2017, the website attracted more traffic and gave greater visibility to WHO's work, receiving over 2.5 million visits in 2017: an 18% increase from 2016. Areas that increased significantly in popularity included the European Health Information Gateway and the subsites devoted to: migration and emergencies, owing to interest in Zika virus; alcohol, owing to great interest in an alcohol audit test in Russian; and measles, owing to the severity of outbreaks and their importance to public health.

413. The Regional Office made increasing and successful use of social media, videos and infographics in 2016–2017, and online publications remained popular. The website was also essential to the sharing of data and evidence through not only the Regional Office's most popular database, the European Health for All database, but also the new European Health Information Gateway, of which the database became a part. The Gateway's popularity increased dramatically, as described in section 7.

Publishing and multilingualism

414. As in previous years, publishing remained the primary means by which the WHO Regional Office for Europe spread its technical and policy messages to and beyond the European Region, primarily through its website. Each year, more than 10 times as many readers accessed the most popular publications online as obtained printed copies, and total downloads of Regional Office publications exceeded 400 000 in 2016. For example, The HBSC report *Growing up unequal*, the most successful Regional Office publication in 2016, was downloaded over 9100 times, and the site built around the report received nearly 12 000 visits. As mentioned above, the publication *Cultural contexts of health: the use of narrative research in the health sector* won a major award in 2017.

415. In addition, the Regional Office actively supported the WHO policy on multilingualism: publishing all working documents for meetings of European governing bodies, major publications and content in many areas of the website in the four official languages (English, French, German and Russian), and holding workshops and technical meetings in two or more languages. It paid special attention to providing content in English and Russian in *Public Health Panorama* and the European Health Information Gateway, and worked to align English and Russian terminology in the field of public health and to increase the amount of information available in both languages (see section 7).

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