World Health Organization

REGIONAL OFFICE FOR Europe

Report of the 66th session of the WHO Regional Committee for Europe

Copenhagen, Denmark, 12–15 September 2016

Keywords

REGIONAL HEALTH PLANNING
HEALTH POLICY
HEALTH PRIORITIES
RESOLUTIONS AND DECISIONS
WORLD HEALTH ORGANIZATION
EUROPE

EUR/RC66/REP

Address requests about publications of the WHO Regional Office for Europe to:
Publications
WHO Regional Office for Europe
UN City, Marmorvej 51
DK-2100 Copenhagen Ø, Denmark
Alternatively, complete an online request form for permission to quote or translate on the Regional Office website (http://www.euro.who.int/pubrequest).

Contents

Abbreviations

EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FCTC	WHO Framework Convention on Tobacco Control
HIV	human immunodeficiency virus
IAEA	International Atomic Energy Agency
ICPD	International Conference on Population and Development
IHR	International Health Regulations
NCD	noncommunicable disease
OECD	Organisation for Economic Co-operation and Development
polio	poliomyelitis
SCRC	Standing Committee of the Regional Committee
SDG	Sustainable Development Goal
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UNEP	United Nations Environment Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women

Opening of the session

The 66th session of the WHO Regional Committee for Europe was held at UN City in Copenhagen, Denmark, from 12 to 15 September 2016. Representatives of 52 countries of the WHO European Region took part. Also present were representatives of one Member State of another WHO Region, one non-Member State, the Food and Agriculture Organization of the United Nations (FAO), the International Atomic Energy Agency (IAEA), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Office of the United Nations High Commissioner for Refugees, the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Economic Commission for Europe (UNECE), the United Nations Environment Programme (UNEP), the United Nations Population Fund (UNFPA), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the World Bank, the European Union (EU), the International Organization for Migration, the Nordic Council of Ministers, the Organisation for Economic Co-operation and Development (OECD) and nongovernmental organizations. The United Nations Secretary-General's Special Envoy for AIDS in Eastern Europe and Central Asia was also present.

The first working meeting was opened by Ms Taru Koivisto (Finland), outgoing Executive President.

Election of officers

In accordance with the provisions of Rule 10 of its Rules of Procedure, the Regional Committee elected the following officers:

Mr Kristjan Thor Juliusson (Iceland)	President
Professor Benoît Vallet (France)	Executive President
Ms Dagmar Reitenbach (Germany)	Deputy Executive President
Mr Eduard Salakhov (Russian Federation)	Rapporteur

Adoption of the agenda and programme of work
(EUR/RC66/2 Rev.1, EUR/RC66/3 Rev.1)

The Regional Committee adopted the agenda and programme of work.

The Regional Committee agreed to invite the EU delegation to attend and participate without vote in the meetings of any subcommittees, drafting groups and other subdivisions taking place during the 66th session addressing matters within the competence of the EU.

Address by Her Royal Highness The Crown Princess of Denmark

Her Royal Highness Crown Princess Mary of Denmark, Patron of the WHO Regional Office for Europe, said that good health was one of the strongest predictors of happiness, but the links between health and happiness were complex. Participants in the session could make a major contribution towards achieving healthy lives and promoting well-being for all at all ages, for the attainment of the Sustainable Development Goals

(SDGs). She was confident that they possessed the necessary dedication and commitment to maintain the momentum towards a healthier, more equitable European Region by 2030.

Girls and women were the key to building healthy, prosperous and sustainable societies and communities. The ability to achieve truly transformative results across all 17 SDGs was dependent on the realization of gender equity. Two agenda items were directly linked to gender equity: the draft strategy on women's health and well-being in the WHO European Region and the draft action plan for sexual and reproductive health. They would build on the outcomes of the Fourth Global Conference of Women Deliver, which had been held in Copenhagen, Denmark, in May 2016 and of which the Crown Princess was also a patron.

Investing in a life-course approach to health meant meeting the health needs of individuals throughout their lives. The promotion of immunization and measures against antimicrobial resistance were two important areas where the life-course approach was particularly valuable. The draft action plan for the health sector response to viral hepatitis, another item on the agenda, reaffirmed the European Vaccine Action Plan 2015–2020 and its goal of controlling hepatitis B infection through immunization. All the agenda items of the 66th session of the Regional Committee would yield whole-of-society benefits that would contribute to attainment of the SDGs.

Address by the Danish Minister for Health

The Minister for Health of Denmark welcomed participants to Copenhagen. Ageing populations, an increase in noncommunicable diseases (NCDs) and a growing demand for health services underscored the need for integrated, people-centred health care. She accordingly expressed full support for WHO's work on healthy ageing and dementia, and looked forward to the adoption of a global action plan on that issue by the Seventieth World Health Assembly the following year. In line with the emphasis placed on NCDs in the SDGs, as well as the draft action plan for the prevention and control of noncommunicable diseases in the WHO European Region that would be considered later in the session, her country's new cancer plan included a national strategy to create a smoke-free generation by 2030. Echoing the comments made by Her Royal Highness Crown Princess Mary of Denmark, she called for a strong outcome document to result from the high-level meeting on antimicrobial resistance to be held on 21 September 2016 during the 71st session of the United Nations General Assembly in New York, United States of America.

Address by the WHO Regional Director for Europe

(EUR/RC66/5, EUR/RC66/Conf.Doc./1, EUR/RC66/Inf.Doc./1)

In her opening statement, the WHO Regional Director for Europe drew attention to the multifarious challenges facing the European Region, which engendered public health demands and required a new approach from WHO and its Member States. With that in mind, the Regional Office would develop a roadmap for the implementation of the 2030 Agenda for Sustainable Development, in connection with Health 2020 and a new vision for public health, to be presented to the 67th session of the Regional Committee in 2017. A proposed joint monitoring framework for Health 2020, NCD and SDG indicators had been prepared for presentation at the current session.

Although many national health policies were now in line with Health 2020 and the European Region was on track to meet the Health 2020 targets, smoking, alcohol consumption and obesity needed to be reduced dramatically or gains in life expectancy could be lost. Determinants of health needed to be addressed, and that could be achieved by using the Health 2020 and SDG platforms. Accountability for health should be strengthened across the whole of government and society through a health-in-all-policies approach. To assist Member States in that regard, the Regional Office had conducted a mapping exercise of intersectoral action in the European Region, had produced guidance on intersectoral approaches and would hold a high-level meeting on promoting intersectoral and interagency action for health and well-being among the health, education and social sectors in Paris, France, in December 2016.

Changes in social policy in the European Region were affecting the social determinants of health, increasing the vulnerability of those groups whose health was already lagging behind, such as refugees, migrants and Roma. A regular status report on health equity in the European Region would therefore be launched to monitor progress towards the Health 2020 equity targets. Cooperation within the United Nations system and among countries would be essential to ensure that no one was left behind. WHO networks, in particular, the European Healthy Cities Network, the Regions for Health Network and the small countries initiative, would contribute greatly to that cooperation. The organizational structure of the Regional Office had been revised to respond to increasing demands from countries to facilitate multisectoral action for health, bringing together expertise on social, economic and environmental determinants of health, health equity and good governance under one division.

Refugees and migrants were among the most vulnerable in the European Region; the Regional Office had scaled up its efforts to address their needs, in response to increasing requests from Member States. A high-level meeting on refugee and migrant health had been held in Rome, Italy, in November 2015, which had formed the basis for the European strategy and action plan on refugee and migrant health that was being submitted to the 66th session of the Regional Committee. It was anticipated that the European strategy and action plan would lead to the elaboration of a global framework.

Long-standing collaboration between the health and environment sectors had produced excellent results. The Eighth Environment for Europe Ministerial Conference in June 2016, which convened environment ministers of member States within the UNECE region, had been particularly successful. Preparations for the Sixth Ministerial Conference on Environment and Health, which would bring together ministers of health and of environment of Member States of the WHO European Region, were under way. The Sixth Ministerial Conference would result in a revised and transformative agenda for environment and health for the Region with clear implementation mechanisms and a set of measurable and effective actions. Joint efforts continued with UNECE under the Transport, Health and Environment Pan-European Programme, which supported Member States of the European Region in making healthy and environmentally sustainable transport policies.

A new global WHO Health Emergencies Programme had been established to address the full cycle of health emergency management of the Organization with clear accountability and standard performance metrics. Structures, staffing and processes at the regional level had been aligned with the new, recently implemented global programme. New procedures had been tested in the response to the outbreak of Zika virus disease; the European Region’s interim risk assessment developed for the Zika

virus was being used by several Member States in their preparedness efforts. The new Health Emergencies Programme encompassed all aspects of emergencies: prevention, preparedness, response and recovery.

Preparedness work included building core capacities for the International Health Regulations (IHR) (2005). The Regional Office was taking the lead in accelerating the use of the IHR (2005), and implementing the IHR monitoring and evaluation framework as a comprehensive package – with all components including annual reporting and exercises – that would lead to national plans for the further development of core capacities. Several voluntary external evaluations had taken place. The European Region's emergency information and risk assessment team was continuously operational, and the Regional Office was currently responding to two large-scale protracted emergencies: the crisis in the Syrian Arab Republic and its effects in Turkey through a whole-of-Syria approach; and the ongoing humanitarian crisis in eastern Ukraine. A Region-wide mapping exercise was being conducted to ensure better preparedness for the prevention and control of high-threat pathogens. Work on antimicrobial resistance had been intensified, with the work of the European Region informing global efforts.

With regard to communicable diseases, the European Region had been the first WHO region to successfully interrupt transmission of malaria, which was particularly noteworthy. It was, however, a fragile achievement, which must be upheld through sustained political commitment, dedicated resources and constant vigilance. The poliomyelitis (polio)-free status of the Region had been maintained by successful efforts to interrupt the transmission of a vaccine-derived poliovirus in Ukraine. Significant progress had been made towards achieving the Polio Eradication and Endgame Strategic Plan 2013–2018 through introduction of an inactivated polio vaccine, cessation of the use of trivalent oral polio vaccine and the containment of poliovirus type 2 in facilities across the Region. Interruption of the transmission of measles and/or rubella had been achieved in 34 Member States. Gaps in immunization and surveillance could, however, jeopardize the elimination of measles and rubella in the remaining endemic countries if not immediately addressed.

The HIV situation in the European Region was alarming, and bold action would be required to end the epidemic by 2030. Some 142 000 new infections had been reported since the Regional Committee's 65th session in September 2015, with the number of new cases more than doubling in the eastern part of the Region. Renewed commitment was therefore required to undertake urgent, people-centred action, with access to testing and treatment for all. Mother-to-child transmission of HIV and syphilis had been eliminated in three countries in the Region and several others had made significant strides. Adoption and implementation of the draft action plan for the health sector response to HIV would represent renewed political commitment to expediting the response to HIV as a public health threat in the Region.

Some 400 people died each day in the European Region from causes related to viral hepatitis, despite the availability of prevention and treatment. The draft action plan for the health sector response to viral hepatitis in the WHO European Region, to be considered by the Regional Committee, would pave the way for the elimination of the disease as a public health threat by 2030. Although tuberculosis (TB) incidence in the Region had decreased steadily since 2000, 340 000 new TB cases and 33 000 TB-related deaths occurred annually. Accelerated implementation of the Tuberculosis

Action Plan for the WHO European Region 2016–2020 was required to end the epidemic by 2035 and to eliminate TB by 2050.

The importance of addressing the determinants of health throughout the life-course to ensure a healthy future had been underscored at the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020 in Belarus in October 2015, and the resulting Minsk Declaration had served as the basis for a policy document presented for adoption by the Regional Committee. While young people in the European Region enjoyed better health and development opportunities than ever before, many engaged in behaviours that compromised their health. More targeted interventions were therefore needed to tackle the effects of social, health and gender inequalities among young people. Levels of intimate partner violence and non-partner sexual violence against women remained unacceptable and had to be addressed. The draft strategy on women's health and well-being in the WHO European Region currently before the Regional Committee linked gender, rights and determinants for more equitable health outcomes. A considerable decrease in abortion rates, primarily in the eastern part of the Region, was particularly welcome and could be attributed to increased access to evidence-based information, sexuality education and family planning services.

The need to address NCDs remained one of the greatest public health priorities in the European Region. Although excellent progress had been made on tobacco control, ratification of the WHO Framework Convention on Tobacco Control (WHO FCTC) Protocol to Eliminate the Illicit Trade in Tobacco Products was lagging behind: Member States in the Region should ratify the Protocol as soon as possible. Despite an overall reduction in alcohol consumption in the European Region, alcohol-attributable mortality had increased. Significant progress had been made towards eliminating undernutrition and an initiative on maternal nutrition had been launched. Childhood obesity, however, remained a challenge, with high percentages of overweight children in many Member States. While there had been a notable decrease in deaths from injury and road traffic accidents, roads must be made safer throughout the Region, and physically active forms of transport should be encouraged.

The Regional Office had revitalized its work on health systems performance assessment together with the European Commission and the OECD, and was leading a peer support network of high-level policy-makers in health and finance to assist Member States in determining how to transform their health systems and lead change. Health system barriers related to specific diseases, in particular TB and NCDs, had been addressed and the Regional Office was broadening its focus to include environmentally sustainable health systems, antimicrobial resistance, HIV, migrant health and emergencies. Training on health financing for universal health coverage was ongoing and a new course on health systems strengthening to improve TB outcomes would soon be launched. Work was under way with countries to monitor financial protection and reduce out-of-pocket payments and impoverishing expenditures. The Regional Office was broadening its activities to support affordable access to effective, quality-assured medicines, manage the high prices of new medicines and promote effective procurement strategies to ensure supply security. A summer school on pharmaceutical pricing and reimbursement policies had been held in Vienna, Austria, from 29 August to 2 September 2016.

Good progress was being made with regard to information, evidence and research. The European Health Information Initiative had 25 members and was the key to strengthening policy development and implementation; Member States that had not yet

done so were encourages to join the Initiative. The European health report continued to be the Regional Office's flagship publication, and its most downloaded publication in 2015. The European Health Information Gateway, which had been publicly launched in 2016, and was almost as frequently visited as the Health for All database, was supported by a smartphone application that accessed data managed by WHO and other recognized sources. *Public Health Panorama* – the Regional Office's bilingual peer-reviewed journal – had increased to four issues per year. Country profiles and highlights on health had been relaunched, with new profiles and highlights on two countries, and several more were to be issued in the near future. The 50th issue of the Health Evidence Network synthesis report series would be published in 2016, and the European burden of disease network had been launched. Nineteen countries had joined the Evidence-informed Policy Network. The first European eHealth Report had been launched in 2016. The European Advisory Committee on Health Research had provided crucial guidance in shaping the research agenda in the Region, and in developing the draft action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region, currently before the Regional Committee. The 2015 Autumn School on Health Information and Evidence for Policy-making had been held in the Russian Federation, followed by an advanced course in Cyprus.

In closing, the Regional Director commended efforts of Member States to bring WHO reform forward at the regional and global levels. The financial stability of the Regional Office had improved and would continue to do so with the support of the Director-General and Member States. The Regional Office's intensive collaboration with partners continued, and a new partnership strategy would be developed over the coming year. WHO's country presence in the Region was being strengthened, new biennial collaborative agreements had been concluded and country cooperation strategies had received new impetus. Ministerial visits to the Regional Office continued to provide an opportunity to discuss priorities, as did the Regional Director's regular country visits. She expressed her deep gratitude to all Member States for their cooperation with the Regional Office and their contributions to its achievements, in particular those that hosted geographically dispersed offices. With political will and sustained technical and professional commitment, health and well-being would be placed at the centre of human development.

In the discussion that followed, Member States thanked the Regional Director for her comprehensive report and commended the Regional Office's efforts to adapt in order to ensure that health and well-being improved in the Region. Member States must demonstrate the political commitment to implement change at a similar rate in order not to be left behind. They expressed their appreciation for the technical assistance and policy guidance provided by the Regional Office. The European Region had taken a lead role on numerous issues, including integrated health systems, measures to address NCDs, antimicrobial resistance, and the health implications of migration and of environment and climate change. Several representatives gave examples of how technical and policy assistance from the Regional Office had proved beneficial and explained how Health 2020 had been used as a basis for the development of national health policies. Owing to the progress made in the context of Health 2020, many countries in the Region would be well placed to implement the 2030 Agenda for Sustainable Development and to achieve the SDGs.

With regard to WHO reform, and specifically the proposed draft programme budget for the 2018–2019 biennium, additional information was requested as to why increased

assessed contributions were needed. WHO reform remained of critical importance. While progress had been made, more was required to achieve desired levels of organizational excellence with tangible results on the ground. On governance, the EU and its Member States stated that the Regional Office should continue to take the lead and further rationalize and prioritize its work, including by limiting the number of strategies, action plans and other relevant documentation to a maximum of five items for Regional Committee sessions. A standardized procedure for consultations with Member States and partners should be developed for governing body documentation and steps should be taken to ensure that documents were ready in all working languages in good time. It was particularly crucial to ensure that each document was adopted in a true spirit of consensus. Regional governance documents should be fully aligned with documents at the global level in order to ensure a comprehensive approach and to minimize the burden on Member States. Global discussions on governance reform had not had not been wholly satisfactory and needed further follow up. Further discussions on the establishment of an accountability compact between the Regional Director for Europe and the WHO Director-General would be particularly welcome and could be proposed as an example for other regions.

Reform of the WHO emergency response programme had been positive; lessons should be learned from each new emergency situation. The Zika virus disease outbreak had demonstrated once again that all countries were interconnected in the face of such emergencies. Particular attention should be paid to the health needs of people affected by emergencies to ensure that they received the humanitarian assistance and medical treatment they required and to support States that hosted large numbers of refugees and migrants. Concerted efforts would be essential to ensure that the health consequences of mass migration did not jeopardize health gains in the European Region.

Environment and health were closely linked, and the Regional Office had played a pioneering role in promoting cooperation between those two sectors, both within and among countries. Moving forward, evidence-based policy-making would be crucial for progress. Antimicrobial resistance gave cause for concern and posed challenges that could be addressed only through cooperation on epidemiological surveillance, sharing information and best practices, and the use of evidence. The Regional Office had played a key role thus far in efforts to meet those challenges and had made valuable contributions to the preparations of the Global Action Plan on the issue. With regard to HIV and viral hepatitis, a comprehensive approach to testing, treatment and care was required, ensuring that the most vulnerable – in particular drug users, the disadvantaged and the marginalized – were included. Strong, resilient and fair health systems were essential to meet the challenges of those epidemics and other emerging health threats.

Several representatives expressed their commitment to making healthy nutrition and physical exercise an integral part of national strategies to address NCDs. A life-course approach was essential, and particular efforts would be made to reduce childhood obesity. Reducing tobacco use would also be a priority, and one representative said that his Government was taking the necessary steps to expedite ratification of the WHO FCTC Protocol to Eliminate the Illicit Trade in Tobacco Products. Several representatives stressed the importance of health information sharing and the use of evidence but cautioned that duplication of effort and unnecessarily heavy reporting burdens should be avoided by increasing coordination between the Regional Office, the European Commission and the OECD. Several representatives welcomed the work of the Small Countries Health Information Network.

Despite the fact that the health situation varied from country to country, there existed common challenges, which could best be addressed through common solutions. WHO had a key role to play in promoting health for the attainment of the SDGs through comprehensive, coordinated actions with development partners. The European Region had valuable experience with regard to engagement with non-State actors and could pave the way for other regions in that regard. Achieving health equity across the Region required active engagement with all stakeholders, including patient organizations and the pharmaceutical industry. Health systems strengthening, a life-course approach and universal health coverage would be central to development. One representative underscored the trust that Member States should bestow on the Regional Office to conduct knowledge-based work on all relevant topics, including sexual and reproductive health.

The Executive Secretary, UNECE, said that the 2030 Agenda for Sustainable Development constituted an opportunity to change the way the United Nations and governments worked. All the SDGs were interlinked and the measures taken to meet them must therefore also be connected. The international community must work together, across borders, sectors and organizations. Underscoring the strong collaboration between WHO and UNECE on several issues, including initiatives to improve air quality, create green and healthy transport initiatives, improve road safety and promote the links between water and health, he thanked the Regional Office for its partnership. To attain the SDGs, silos must be broken down and efforts must be made to optimize synergies. The European Region was leading the way in that regard.

The Regional Director, Eastern Europe and Central Asia Regional Office, UNFPA, said that collaboration with the WHO Regional Office for Europe under the first regional joint programme on sexual and reproductive health was addressing the gaps identified and recommendations made following the 20-year review of implementation of the Programme of Action adopted at the International Conference on Population and Development in 1994. UNFPA was helping countries to accelerate work to attain the SDGs as part of a strong regional coordination mechanism led by UNECE and the Regional United Nations Development Group. The Regional Committee had before it critical issues to discuss and the outcome of the session could contribute substantially to the Regional Forum on Sustainable Development, ensuring that the vision of health for all, including sexual and reproductive health for all, was key to sustainable development in the European Region.

The Director, Regional Support Team for Eastern Europe and Central Asia, UNAIDS, welcomed the WHO Regional Director's timely call for urgent action to end the AIDS epidemic in Europe. The epidemic would not be ended by adopting a business-as-usual approach. It was unacceptable that so many countries in Europe still faced persistent epidemics and that HIV continued to increase in the majority of countries in eastern Europe and central Asia. Many health ministries had missed the opportunity to eliminate mother-to-child transmission and the fact that they were not using the tools recommended by WHO and UNAIDS was discouraging. The next strategic opportunity to accelerate action towards zero new HIV infections, zero discrimination and zero AIDS-related deaths would be in Minsk, Belarus, in November 2016, when 11 countries and key partners would meet to negotiate new mechanisms for drug procurement, access, registration and production.

The United Nations Secretary-General's Special Envoy for HIV/AIDS in Eastern Europe and Central Asia acknowledged the WHO Regional Director for pointing out

that the AIDS epidemic, along with comorbidities, had continued to grow in the eastern part of the European Region. Many people with HIV remained undiagnosed and access to treatment and prevention was low. Greater political awareness and commitment were evident but efforts needed to be made as a matter of urgency to increase ownership and leadership of programmes, expand treatment and prevention, translate science into action, and focus attention on vulnerable populations. Unless those steps were taken, there would be no end to the epidemic and to the suffering that currently prevailed.

The WHO Regional Director, responding to the comments made, said that the European Region would continue to play a leading role in WHO governance reform. Regional strategies and action plans would no longer carry end dates, thus removing the obligation to renew them every five years. Instead, they would be renewed as and when the evidence base suggested a revision was needed. The Standing Committee of the Regional Committee (SCRC) would discuss the new procedure and would consider ways to harmonize and improve the transparency of the consultation process for governance documents. The accountability compact would be used to establish lines of authority between the Director-General and regional directors, with transparent information about the delegation of tasks and functions. Key strategic performance indicators would be developed in consultation with the Director-General and the Global Policy Group.

The European Health Information Initiative had been established to develop a single health information system for Europe, with a view to reducing the reporting burden on Member States; more Member States were encouraged to join the effort. The Regional Director agreed that accountability was a two-way process between WHO and Member States. With regard to the questions raised on the reasons for requiring an increase in assessed contributions, those contributions constituted WHO's core budget and were essential for the predictability of the Organization's work, in particular for emergency reform and IHR (2005) implementation. She agreed that an inclusive and transparent approach to evaluations and external reviews under the IHR (2005) was essential. Owing to the considerable challenges facing the European Region, emergency preparedness and response efforts were particularly important and must be adequately resourced. She thanked all Member States for their expressions of support.

The Committee adopted resolution EUR/RC66/R1.

Address by the WHO Director-General

The Director-General said that the WHO European Region had always been a frontrunner in matters of health. It had been the first Region to recognize the significant impact of environmental factors on health and European capital cities had hosted major events that had been the turning point in global environmental policy. Europe had been the first to raise the alarm about the rise of NCDs and had redefined multisectoral collaboration, challenging the behaviours of powerful economic operators, including the tobacco, alcohol and food and beverage industries. Europe had broadened the base of preventive actions to embrace the social determinants of health and had first articulated the need for health in all policies and whole-of-government and whole-of-society approaches. All those policy advances made in the European Region had been enshrined in Health 2020.

Europe was a Region that focused on equity, shared its wealth with the developing world and strove to build partnerships and foster cooperation. The International Health Partnership had been particularly beneficial in helping developing countries to move their health systems towards universal health coverage. Work in the European Region was immediately relevant to health everywhere in the world and Europe was producing models for all other regions to follow.

Antimicrobial resistance constituted a global crisis, as recognized by the United Nations General Assembly, which would convene its first high-level meeting on the issue the following week. Antimicrobial resistance was threatening decades of hard-won gains in medicine and public health and required global cooperation at the highest political level. The EU was taking a leading role through its regulatory decisions intended to reduce antibiotic consumption in humans and animals. Following the adoption by the World Health Assembly of the Global Action Plan on Antimicrobial Resistance in 2015, the time had come for action at the national level. In that regard, rapid progress was being made in the European Region. Research and development incentives were needed for new antibiotics, better diagnostic tests that could reduce needless prescriptions, and new vaccines to reduce infections.

Large movements of refugees and migrants were another issue with significant repercussions for health. In 2015, more than 1 million migrants and refugees had entered the European Region, and some 3700 had died or gone missing at sea. The wars in Iraq, the Syrian Arab Republic and Yemen were humanitarian catastrophes. The draft strategy and action plan for refugee and migrant health in the WHO European Region was evidence-based, objective, principled and guided by respect for dignity and human rights. The tragedy of mass displacement could be overcome only by addressing global inequalities in standards of living and seemingly endless armed conflicts. Military forces that dropped barrel bombs and poisonous gas on civilian populations and deliberately targeted hospitals should not be allowed to operate with impunity.

The report of the United Nations High-level Commission on Health Employment and Economic Growth was due to be launched and would propose solutions to address the growing inadequacies in the health workforce. While the World Bank estimated that an additional 40 million health care workers would be needed by 2030, WHO projected a shortfall of 18 million health workers by the same date. The report promoted investment in the health workforce as a contribution to more equitable health care, the creation of decent jobs and the promotion of inclusive economic growth. The European Region had taken the lead in addressing health workforce needs and was an origin and a destination for international health migration. The database for evidence-informed workforce policy and investments was being systematically strengthened.

The HIV situation in the European Region was critical and served as a warning that the epidemic was far from over. Important lessons could be learned from efforts to adjust control programmes to reach key populations and expand coverage with high-impact interventions. The draft action plan on viral hepatitis currently before the Regional Committee would help to address several challenges. How Member States ensured coverage of high-risk populations, in particular prisoners and people who inject drugs, and how they tackled the extremely high costs of novel therapies for hepatitis C would be particularly instructive.

New high-priced medicines meant that even the richest countries in the world could not afford new treatments for common conditions such as cancer and hepatitis C, and the

generic industry was losing the incentive to produce older, off-patent medicines, since prices had been slashed so drastically. WHO was working to develop a model for the pricing of pharmaceuticals to ensure that drug pricing was fair yet sufficient to stimulate research and development.

Efforts to tackle NCDs in the Region had delivered good progress: mortality from cardiovascular diseases had declined and there were downward trends in smoking and alcohol intake. With regard to tobacco control, countries in the Region were leading the drive to introduce plain packaging. In a world of uncertainties, economic, trade and industry considerations could dominate the agenda and override the best interests of public health. Powerful instruments such as the WHO FCTC and the European Union Tobacco Products Directive were not being used to their full potential.

The food industry must also be challenged: up to three-quarters of salt consumed in the European Region was pre-added to products by the food industry. Baby foods could contain up to 30% free sugars and saturated and *trans* fats were too common in diets. The Region must do more to combat its obesity epidemic, especially in children. Arguments that lifestyle behaviours were a matter of personal choice did not apply to children. Governments must accept their responsibility to protect children and take action without considering the impact on producers of unhealthy foods and beverages. Obesity and overweight in children was society's fault, not theirs.

In the discussion that followed, representatives of Member States commended the Director-General's dedication to the Organization, which was not waning as her tenure came to a close. Her leadership on NCDs, in particular as an advocate for tobacco control, was particularly noteworthy. The Global Action Plan on Antimicrobial Resistance would come under the spotlight at the upcoming high-level meeting of the United Nations General Assembly, which would reaffirm WHO's role as the global leader in reducing the threat of antimicrobial resistance.

While the emergency reform was extremely welcome, concerns were raised with regard to the financing of the new WHO Health Emergencies Programme. The Programme's full implementation would be crucial; important lessons must be learned from previous crises, in particular the Ebola virus disease outbreak. Member States should be regularly updated on implementation of the Programme.

The imbalance between voluntary and assessed contributions was of concern, and the letter sent by the Director-General to Member States on 19 July 2016 suggesting the need for an increase in assessed contributions had therefore been timely. Further information was requested on the Director-General's vision for those additional funds. One representative said that the anticipated cuts in the area of transparency, accountability and risk management in the proposed programme budget 2018–2019 would jeopardize activities in an acknowledged area of weakness in the Organization's work.

The Regional Director paid tribute to the Director-General on the occasion of the latter's final attendance at a session of the Regional Committee, since her term of office would come to an end in June 2017. Her leadership, guidance and support had been exemplary and her efforts to bring coherence to the management of the Organization had been invaluable.

The Director-General thanked Member States for their expressions of support, in particular for recognizing the importance of NCD prevention and the urgent need to strengthen tobacco control. Although the structure of the WHO Health Emergencies Programme had been agreed in a global consultative process, considerable shortfalls remained in all aspects of its budget. She welcomed the response to the letter she had sent to all Member States on 19 July on possible ways to reduce the shortfall in the 2018–2019 programme budget, including through increases in assessed contributions. That proposal had already been looked on favourably by Member States in the African and South-East Asia regions during sessions of their regional committees. An increase in reliable funding would be essential to allow the Organization to deliver on Member States' expectations.

The President presented the Director-General with a commemorative plaque.

Report of the Twenty-third Standing Committee of the WHO Regional Committee for Europe

(EUR/RC66/4, EUR/RC66/4 Add.1, EUR/RC66/Conf.Doc./2)

The Chairperson of the Twenty-third Standing Committee of the Regional Committee for Europe reported that the Twenty-third SCRC had held five sessions and three teleconferences during the year. Preparation of the 66th session of the Regional Committee had been the key element in the work of the Twenty-third SCRC. Shaping the agenda and the programme of the session remained a very challenging exercise; the rolling agenda had been very helpful in that regard. The Standing Committee had agreed to leave action plans open-ended so that they could be brought back to the Regional Committee only when they needed revision or updating. Development of a partnership strategy at the regional level would be particularly relevant after the adoption of the global Framework of Engagement with Non-State Actors. The Standing Committee had carefully reviewed and revised the documents and draft resolutions put forward by the Secretariat. As in previous years, the Twenty-third SCRC had also discussed the nominations received for membership of the Executive Board and of the Standing Committee. As part of its oversight function, the Standing Committee had received reports on budgetary and financial issues prepared by the Secretariat. The Standing Committee welcomed the Regional Office's efforts to strengthen compliance and risk management through the inclusion of accountability and compliance as a standing item on the Regional Committee's agenda.

Three subgroups had been established at the first session of the Twenty-third SCRC. The subgroup on governance had closely followed discussions on WHO reform in the global working group but had also progressed with its own agenda. It had proposed using the network of WHO national counterparts for nominating national experts to global and regional working groups and advisory committees; the Twenty-third SCRC had supported that proposal and had decided that the tool for evaluating candidates for nominations should be reviewed after the current round of elections. The subgroup had also developed criteria for the adoption of conference outcome documents by the Regional Committee as resolutions; a pilot exercise with the Minsk Declaration on the Life-course Approach in the Context of Health 2020 had shown that the criteria worked well in practice.

The subgroup on migration and health had contributed to the preparation of the draft strategy and action plan for refugee and migrant health in the WHO European Region.

The new subgroup on implementation of the International Health Regulations (2005) had considered a report on alert and response operations in the European Region and reviewed the regional implications of the recommendations of the report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response. It had highlighted the important role of the national IHR focal points and had expressed particular support for the Revised Monitoring and Evaluation Framework, stressing that all four components needed to be considered equally; the subgroup had advised that a roster of external experts should be set up for independent evaluation of national core capacities.

The Committee adopted resolution EUR/RC66/R2.

The Minsk Declaration on the Life-course Approach in the Context of Health 2020

(EUR/RC66/22, EUR/RC66/Conf.Doc./12 Rev.1)

The Director, Noncommunicable Diseases and Promoting Health through the Life-course, introduced the item and showed a short video presentation on the life-course approach. Although that approach was well known among epidemiologists, the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020 had looked at new ways of understanding the concept, lending deeper justification for cooperation across sectors. Health must be seen as a collective effort and the complex lifelong and cumulative interaction of risk factors needed to be taken into account. The Minsk Declaration encouraged countries to act early, act on time and act together and could help to span sectoral and organizational boundaries.

A member of the Twenty-third SCRC said that investing in health through a life-course approach was one of the four priority areas for policy action identified in Health 2020. The European Ministerial Conference had confirmed that such an approach required the involvement of government as a whole and the empowerment of civil society. The life-course approach was an investment in current and future generations, and the Standing Committee supported the Minsk Declaration and the related draft resolution.

In the ensuing discussion, representatives of two Member States underscored the relevance of the Minsk Declaration to Health 2020 in the wider context of the 2030 Agenda for Sustainable Development. Political commitment at the highest level, adequate financing and effective assessment of progress were crucial. The representatives also highlighted the need for relevant action plans and provided examples of pertinent measures undertaken in their own countries.

The Director, Noncommunicable Diseases and Promoting Health through the Life-course, said that further work on the life-course approach was under way. The Regional Committee would be provided a substantive analysis of evidence on and policy implications of the life-course approach at the earliest opportunity.

The Committee adopted resolution EUR/RC66/R3.

WHO reform: progress and implications for the European Region
(EUR/RC66/21, EUR/RC66/24)

Governance reform issues resulting from the Open-ended Intergovernmental Meeting on Governance Reform

The Regional Director said that governance reform necessitated a forward-looking planning schedule of expected items for the agenda of sessions of the Regional Committee; improvement of information technology tools; senior management coordination; improved transparency and accountability; and increased harmonization across the regional committees. Mindful of those requirements, the Regional Office for Europe had established a multiyear agenda for Regional Committee sessions; had strengthened the oversight function of the Standing Committee and had improved its geographical representation; had conducted regular reviews and sunsetting of Regional Committee resolutions; had revised the process of nominating the Regional Director; and had increased the transparency of nominations for membership to the Executive Board and the Standing Committee.

A member of the Twenty-third SCRC said that the Standing Committee had worked on the issue through its subgroup on governance reform. The European Region should play a leading role and set a good example in the area of governance reform.

In the ensuing discussion, one representative, speaking on behalf of several Member States, expressed concern over the growing number of action plans, strategies, roadmaps, frameworks for action and similar documents which, while valid and of high quality, put a strain on the Regional Office's limited resources and placed a considerable burden on Member States. Several Member States questioned the need for regional adaptations of globally agreed strategies and expressed reservations about the way in which declarations adopted at high-level meetings seemed to be converted almost automatically into Regional Committee resolutions. Several calls were made for an in-depth discussion on the principles governing the adoption of regional instruments and the preparation of resolutions inspired by ministerial meetings.

One representative, speaking on behalf of several Member States, suggested that a document containing relevant proposals for discussion at the 67th session of the Regional Committee should be prepared in consultation with Member States. One representative suggested discussing options for using the capacity and expertise of the Regional Office to develop regional initiatives with potential relevance for application within the global context. One speaker praised the annotated agenda of the Regional Committee as a useful tool, although earlier release would be beneficial, and said that meetings to be held prior to the commencement of the session should be strictly needs-based.

The Regional Director agreed that strategies and action plans sometimes placed an excessive burden on both Member States and the Secretariat. However, they provided a formal mechanism that had increased the decision-making role of the Regional Committee, as had been previously requested. She noted that it was difficult to publish the agenda of the session far in advance as there were often last-minute changes.

Framework of Engagement with Non-State Actors

The WHO Representative to the European Union said that the new Framework of Engagement with Non-State Actors applied to all categories of interaction with nongovernmental organizations, private sector entities, philanthropic foundations and academia, setting out guiding principles for such interactions. Under the Framework, engagement with non-State actors would be required to demonstrate a clear benefit to public health; conform with the Constitution, mandate and programme of work of the World Health Organization; respect the Organization's intergovernmental nature and the decision-making authority of Member States; support and enhance the scientific and evidence-based approach underpinning WHO's work; protect the Organization from undue influence; uphold the Organization's integrity, independence, credibility and reputation; avoid conflicts of interest; and be based on transparency, openness, inclusiveness, accountability and mutual respect.

An electronic register of non-State actors would be used by the WHO Secretariat to publicly share standard information provided by non-State actors and high-level descriptions of WHO engagement with them. The Organization would report to governing bodies on its engagement with non-State actors on an annual basis: the first report would be submitted in 2017. It was also preparing guidance on the implementation of the Framework for both WHO staff and non-State actors, and all interactions would be documented for monitoring and awareness-raising purposes.

A member of the Twenty-third SCRC said that the Standing Committee had been regularly updated on the progress made in that area, supported the new Framework and looked forward to working closely with the Regional Office on its implementation.

Representatives of several Member States welcomed the adoption of the Framework of Engagement with Non-State Actors. Coherent implementation across all levels of the Organization was deemed crucial.

Managerial reforms
(EUR/RC66/24)

The Director, Administration and Finance, said that measures taken to strengthen internal controls and the accountability of the Organization included the establishment of a compliance team in 2011; verification of imprest returns from all country offices; compliance checks of non-staff contracts; review of management reports and financial compliance dashboards and identification of follow-up actions; provision of extensive oversight reports; and the development of a responsibility matrix. Eight internal audit assessments had been conducted and immediate actions had been taken to address key systemic issues. 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, 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. Recent work had included the development of key performance indicators and targets; roll-out of a new responsibility matrix; strengthening of administrative capacity in certain country offices; increased transparency of the procurement process through publication of tenders on the Internet as part of the implementation of the new procurement strategy; and contribution to the implementation of the corporate risk register.

The Regional Director said that the European Region continued to have a strong accountability framework. Eight internal audits had been performed over the previous four years. All audit recommendations had been followed up and promptly implemented. In order to strengthen internal controls, key performance indicators setting compliance targets had been developed for directors and heads of WHO offices.

The strategic budget space allocation methodology had been applied in several countries for initial allocation of the assessed contribution for implementation of biennial collaborative agreements. In order to ensure gradual implementation, changes in allocation were limited to 20% increases or decreases of budget envelopes; the final allocation of funds would be based on actual implementation.

The Regional Office had played an active role in launching the global staff mobility scheme and had provided about 30% of the positions advertised for the global compendium. It had worked closely with the Staff Association of the WHO European Region on operational and administrative issues of concern to staff.

A member of the Twenty-third SCRC said that the Standing Committee commended the Regional Office's efforts to strengthen compliance and risk management and welcomed the inclusion of accountability and compliance as a standing item on the Regional Committee's agenda.

One representative highlighted the need for a strong WHO and a Director-General with far-reaching authority. Cautioning against decentralization, he encouraged the conclusion of a voluntary accountability compact between the European Region and the WHO Director-General. Several speakers welcomed the successful implementation of the mobility scheme.

Responding to points raised in the discussion, the Director, Administration and Finance, undertook to investigate United Nations procedures similar to the proposed accountability compact and to report back to the Regional Committee.

Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board

(EUR/RC66/6, EUR/RC66/6 Add.1, EUR/RC66/6 Add.2)

The European member of the Executive Board designated to attend sessions of the Standing Committee as an observer reported that the Sixty-ninth World Health Assembly had adopted resolutions and decisions in technical areas of importance to the European Region. Resolutions adopted under programme budget category 1 (Communicable diseases) would be reported on during discussions of the relevant technical items later in the session. Action taken under category 5 (Preparedness, surveillance and response) would be reported on under the agenda item on WHO's work in outbreaks and emergencies with health and humanitarian consequences. In programme budget category 2 (Noncommunicable diseases), World Health Assembly resolution WHA69.5, dealing with interpersonal violence, in particular against women and girls and against children, was relevant to a number of items on the agenda of the current session of the Regional Committee, including the draft strategy on women's health and well-being in the WHO European Region and the draft action plan for sexual and reproductive health. Several existing European action plans would support the

implementation of resolution WHA69.9 on ending inappropriate promotion of foods for infants and young children.

The draft WHO global action plan on the public health response to dementia 2017–2025 was currently the subject of a web-based consultation. A revised version of the draft would be submitted to the 140th session of the Executive Board in January 2017 and subsequently to the Seventieth World Health Assembly in May 2017.

In category 3 (Promoting health through the life-course), an online consultation was currently under way on the draft roadmap for health sector engagement in the implementation of the Strategic Approach to International Chemicals Management called for in resolution WHA69.4; that issue, along with the adverse health effects of air pollution and climate change, would be discussed in detail at the Sixth Ministerial Conference on Environment and Health in 2017.

In category 4 (Health systems), the Sixty-ninth World Health Assembly had adopted resolution WHA69.19 on the global strategy on human resources for health: workforce 2030; relevant action in the European Region included the development of new data sets on human resources for health and capacity-building in health workforce planning and policy-making. The Regional Office was supporting countries in strengthening data collection; in the monitoring and use of children's medicines, in line with resolution WHA69.20; and in preparing an overview of national public procurement practices, in accordance with resolution WHA69.25 on addressing the global shortage of medicines and vaccines.

WHO's work in outbreaks and emergencies with health and humanitarian consequences

(EUR/RC66/25, EUR/RC66/26)

The Director, Global Capacities, Alert and Response, WHO headquarters, introduced the draft global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) (IHR) in the Ebola Outbreak and Response.

He went on to introduce the new WHO Health Emergencies Programme, which would begin operations on 1 October 2016. The Programme had a single workforce, workplan and budget and administration, with a single line of accountability.

The Director, Health Emergencies and Communicable Diseases, described the structure and main priority areas of the new Programme at the level of the European Region. The programme came under the Regional Director's Office, and its priorities were to support all-hazards national preparedness for health emergencies, strengthen national IHR core capacities ensuring linkages with health systems and essential public health functions, and help Member States to draw up their own national health plans and coordinate joint external evaluations, after-action reviews, risk and needs assessments and infectious hazards management. The recruitment of senior staff for key positions would begin in October 2016.

The Regional Director said that the new WHO Health Emergencies Programme was using an all-hazards approach, in line with the principles of a single programme, with one clear line of authority, one workforce, one budget, one set of rules and processes and one set of standard performance metrics.

A representative of the Twenty-third SCRC said that the utmost efforts were needed under the new WHO Health Emergencies Programme to ensure that hazards were addressed flexibly, rapidly and responsibly, covering the full cycle of emergency preparedness, response and recovery. Synergy with other WHO programmes and partners was crucial. The European Region should play a leading role in governance reform and should set a good example.

In the ensuing discussion, representatives stressed the crucial role of WHO in coordinating prompt action and in providing authoritative information during a health emergency – a task that it should not delegate to external partners and for which it required adequate and sustainable financial and staffing resources at all levels. Emergency preparedness should be based on full implementation of the IHR under the leadership of WHO.

A representative speaking on behalf of the EU and its member States requested more information about the respective roles of WHO headquarters and country offices, Member States and other actors in the joint external evaluation process. He asked for clarification about the mechanisms to ensure compliance with temporary recommendations under the IHR and the proposed standard operating procedures for taking further action in cases of non-compliance, and about the role and membership of the new scientific advisory group compared with those of existing groups with a similar mandate. Other representatives noted that the implementation plan should deal with cross-border operations, coordination with other sectors, particularly on animal health and environmental issues, and address mass population movements triggered by the effects of climate change. Training programmes should be established at all levels for medical and laboratory staff.

The global implementation plan should be used as a basis for the global strategic plan to improve preparedness and public health action. A representative called for the urgent development of this global strategic plan to adhere to the timelines proposed in the Review Committee's report, and expected that ambitious goals would be set, with timelines, indicators and financial resources, and that the roles of WHO and its partners in the attainment of these goals would be clarified. Standard operating procedures and more innovative training were needed for national IHR focal points, including e-learning and real-time, multicountry exercises. In view of the significant budget increase associated with the Programme's creation, the outputs to be delivered by WHO must be clearly specified. One representative drew attention to the Alliance for Country Assessments for Global Health Security and IHR Implementation, which sought to align joint external evaluations, country plans and external funding.

Representatives welcomed the establishment of the WHO Health Emergencies Programme but expressed concern about the shortfall in financing of the Programme and requested that a detailed update be provided to the Executive Board at its 140th session in January 2017. They emphasized the importance of risk management and of maintaining close links with partners, such as the Global Health Crises Task Force set up by the United Nations.

A statement was made by a representative of the International Pharmaceutical Federation. A written statement was submitted by the Standing Committee of European Doctors.

The Director-General, responding to points raised, undertook to provide a clear explanation of the roles of the respective actors and the timelines for implementation of the recommendations of the Review Committee. She assured representatives that WHO would exercise full leadership of and control over all activities to monitor States Parties' compliance with the IHR, although it would call upon the expertise of external partners where necessary. External evaluation would remain entirely voluntary. WHO would train 200 emergency medical teams and coordinate bilateral assistance from other countries. However, States Parties must also take on some of the responsibility for increasing their own emergency preparedness and resilience. Prevention activities, like all others, must be paid for.

Enormous human resources had been required to deal with the Ebola outbreak. The current outbreaks of Zika virus disease called instead for the coordination of existing services – for vector control, maternal and child health and child disability, for example. The WHO Health Emergencies Programme must have the flexibility to deal with each emergency in the most appropriate way.

The contingency fund element of the Programme was a crucial one. Early on in the Ebola outbreak, WHO had failed to raise a relatively small sum in voluntary donations: only a few months later, the cost of dealing with a much larger problem had risen to billions of dollars.

Health in the 2030 Agenda for Sustainable Development and its relation to Health 2020, midterm progress report on Health 2020 implementation and midterm progress report on implementation of the European Action Plan for Strengthening Public Health Capacities and Services

(EUR/RC66/16, EUR/RC66/17, EUR/RC65/17 Add.1, EUR/RC66/19, EUR/RC65/Conf.Doc./13, EUR/RC66/Inf.Doc./3, EUR/RC66/Inf.Doc./4)

The Regional Director said that the 2030 Agenda for Sustainable Development and its 17 SDGs could further promote health and well-being in the European Region. The 2030 Agenda contained a strong call for commitment at the highest political level, as well as for inclusive and participatory governance, a whole-of-government and a whole-of-society approach and health in all policies. The SDGs were global in nature and universally applicable, and were therefore relevant to all countries in the Region. Health and well-being for all at all ages were at the centre of development, as a determinant, an enabler and an outcome of the SDGs. Although there was only one health goal (SDG 3), improved health was closely interlinked with the successful implementation of many of the targets in all 17 SDGs.

Some of the targets addressed in SDG 3 built on the Millennium Development Goals; others overlapped with important health priorities and objectives of the Health 2020 framework and were included in many of the committal documents of the European Region. SDG 17 was also highly relevant, as it provided a means of implementation, calling for the mobilization and strategic use of resources and the promotion of global partnerships.

All countries in the European Region had started to work on localizing the 2030 Agenda. Submissions from Member States in the Region to the high-level political

forum on sustainable development, the central body where annual reporting occurred, would be welcome.

WHO would tackle the SDGs at the three levels of the Organization. The SDGs had been integrated into the discussions of the Global Policy Group and the health targets had been mapped against programme budget implementation. Organizations of the United Nations system had been collaborating at the regional level; under the Regional Coordination Mechanism, an issue-based coalition on health led by WHO was currently being formed and a regional working group had been established to implement SDG 5 (Achieve gender equality and empower all women and girls). Considerable work was also being done at the subregional level, where networks and partners, as well as groupings of countries or specific thematic networks, were in the process of incorporating the health aspects of the SDGs into their network activities or forthcoming meetings. At the country level, the SDGs had been fully incorporated into WHO's country cooperation strategies and biennial collaborative agreements. Where United Nations Development Assistance Framework processes were in place, WHO was working with resident coordinators, country teams and other United Nations entities. At the technical level, an internal working group had been set up across divisions of the Regional Office to map Regional Committee resolutions against SDG targets and Health 2020 indicators against SDG indicators.

The Regional Office would develop a regional roadmap to implement the SDGs, which would include a review and identification of regional priorities towards 2030; a sharper focus on governance and intersectoral action for health; alignment of national development and health policies and policy coherence across multiple goals; and a stronger focus on the means of implementation. The latter would certainly include strengthened public health capacities, partnerships, increased financing for health, innovation, further research, and enhanced monitoring and accountability. Consultations and online reviews would be organized, and the Standing Committee would be provided with regular updates of progress on the regional roadmap.

The Director, Policy and Governance for Health and Well-being, presented the Midterm progress report on Health 2020 implementation 2012–2016. Since 2012, the Regional Office had been supporting the implementation of Health 2020 both conceptually and through collaborative work with Member States, delivering a package of Health 2020-related products and services: analysing public health situations and policy gaps; identifying assets; encouraging political commitment from Heads of State; organizing policy dialogues and making policy recommendations; and monitoring progress. 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-society and whole-of-government approaches.

Monitoring of Health 2020 targets and indicators showed that Member States were on track to increase life expectancy and to reduce health inequities and premature mortality; however, absolute differences between countries remained substantial. Since the adoption of Health 2020, all WHO European strategies, action plans, ministerial conferences and other high-level meetings had been aligned under the Health 2020 umbrella and had served as important vehicles for moving the Health 2020 agenda forward in the European Region. Overarching national health policies were at different stages of development and implementation in over 70% of Member States in the Region. Since 2012, the Regional Office had supported 25 Member States in developing

national health policies; the proportion of countries with national health policies aligned with Health 2020 had increased from 58% in 2010 to 75% in 2013.

The Regional Office had also supported the development and implementation of subnational policies aligned with Health 2020 through the Regions for Health Network and the European Healthy Cities Network. It had been active in disseminating and raising awareness on Health 2020, with key sectors addressing the determinants of health, had worked to establish and maintain effective collaboration with many partners and had strengthened the evidence base for uptake of Health 2020.

Organizational changes had been made within the Regional Office. The coordination of Health 2020 policy implementation and the 2030 Agenda for Sustainable Development had been placed under a single division, which was also responsible for governance and equity focusing on gender, human rights, social and environmental determinants of health, and vulnerabilities. The division also coordinated networks such as the small countries initiative, the Regions for Health Network and the European Healthy Cities Network, as well as the WHO collaborating centres. A task force had been established to operationalize the link between Health 2020 and the European Action Plan for Strengthening Public Health Capacities and Services.

The Regional Office would continue to intensify its efforts in the years to come, developing tools and instruments to support national health policies and national policies for health in development, implementing activities and carrying out reviews in response to Member States' needs and requests. Further work would be done on reducing health inequalities, with a continued strong focus on intersectoral, interagency and multistakeholder action for health and well-being aligned with the SDGs.

The Director, Health Systems and Public Health, presented the Midterm progress report on implementation of the European Action Plan for Strengthening Public Health Capacities and Services. The Action Plan was a key pillar in the implementation of the Health 2020 policy framework. The progress report had been informed by the results of two surveys (one of Member States and one of partner organizations) aimed at identifying important developments during the period 2012–2016, as well as by a series of case studies on the self-assessments of essential public health operations undertaken by Member States in that period.

Since 2012, the Regional Office had led the production of a number of publications that aimed to support Member States in the strategic development of their policies to strengthen public health services. The newest version of the tool for assessment of essential public health operations had been published in the last quarter of 2015, in both English and Russian. A web-based version of the self-assessment tool had been produced, and the Regional Office had supported a number of Member States in their self-assessments of public health services and capacities.

Member States and WHO had accordingly realized a number of important achievements in strengthening public health services. The Action Plan was considered useful to and supportive of countries seeking to promote and develop public health and to the organizations that delivered public health services. However, there seemed to be a gap between the indicated level of political commitment and the actual means and resources being allocated to strengthening public health services. Evidence of the cost-effectiveness of public health interventions was not widely known. The visibility of the

Action Plan had been low in many Member States and its potential remained largely unrealized.

For the Action Plan to achieve its full potential, Member States and WHO must work together to raise awareness of its existence and coordinate implementation. Member States could consider assigning responsibility for development, oversight, coordination and monitoring of the implementation of a national action plan to a national organization. Similarly, WHO and Member States could take on a more active role in monitoring implementation of the Action Plan at the regional level. Partner organizations must be invited to become more involved in implementation, and the different divisions and programmes at the Regional Office must deliver a coherent package of technical assistance focusing on the enablers of public health services. The SDGs presented a unique opportunity to renew national commitments to public health and to seek intersectoral synergies. Implementation of Health 2020 and the Action Plan was expected to contribute to the achievement of more than half of the SDGs.

A representative of the Standing Committee said that the reports under consideration led to the conclusion that the progress made within the Health 2020 policy framework would provide a good foundation upon which to build health and development plans under the 2030 Agenda for Sustainable Development. The Regional Office had helped countries to identify common interests and to pursue joint goals, internationally between countries, as well as nationally and subnationally between the health sector and other sectors. The Standing Committee appreciated the document on a WHO European roadmap to implement the 2030 Agenda for Sustainable Development. Policy coherence would need to be established both vertically and horizontally between global goals and national and local contexts, among international agendas, between economic, social and environmental policies, between different sources of financing and between diverse actions by multiple actors and stakeholders. It was important to make the case for investing in health.

The Standing Committee welcomed the proposals set out in the resolution, as well as a core package of technical resources to support SDG implementation and a joint monitoring framework. It looked forward to working together on the development of the roadmap for implementation of the 2030 Agenda.

A representative speaking on behalf of the EU and its member States commended the resolution on the SDGs that had been adopted by the World Health Assembly earlier in the year but would have welcomed stronger emphasis on gender equality and the empowerment of women and girls. WHO was the only international organization with a mandate to cover the entire field of health. He therefore called on WHO to ensure that its ongoing reform process was aligned with and contributed to the achievement of the 2030 Agenda; to define subregional and regional priorities in line with its respective policies, such as Health 2020; to work in partnership with other organizations; to provide Member States with technical support on how to include the SDGs in national health policies, strategies and plans; to contribute to the annual report by the United Nations Secretary-General on progress made towards the SDGs; to assist Member States in their national voluntary reviews; and to lead by example by working in a more integrated and multisectoral way.

The SDG era would intensify the need for strengthened national and subnational systems for integrated monitoring of health programmes and performance. Effective utilization of health information was a vital resource for health planning and policy

implementation, and individual data needed to be disaggregated by gender where possible.

Clear recognition of the fact that Health 2020 and the 2030 Agenda were mutually supportive would be key in achieving their successful implementation. The EU and its member States welcomed the initiative taken by the Regional Office to develop a core package of resources and tools for SDG implementation through Health 2020, including a joint monitoring framework for the SDGs and Health 2020, and supported the idea of developing a roadmap for implementation of the 2030 Agenda.

In the ensuing discussion, all speakers expressed strong support for the SDGs and recognized the 2030 Agenda as a unique opportunity to promote an intersectoral approach and to advocate for health in all policies. The 2030 Agenda was customizable, and many representatives described steps being taken in their countries to localize and implement it, frequently with the involvement of interministerial working groups, regional and local governments, associations, civil society and the public. Experience of cooperation on the Millennium Development Goals and Health 2020 would ensure successful work on the SDGs. Health information systems would be key to implementation of the 2030 Agenda and, in that connection, the Regional Office's European Health Information Initiative and its networks, such as the Small Countries Health Information Network was commended. Many speakers emphasized the need to develop valid indicators for measurement of progress towards SDG 3, while keeping reporting requirements to a minimum. Efforts to develop a joint core set of indicators for use in all the main policy frameworks, as described at a technical briefing on aligning monitoring frameworks held the previous day, were welcomed. The leadership of WHO was called on to embark on a profound priority-setting exercise, guided by the SDGs, with strategic decisions reflected in consequent budget allocations.

The Health 2020 policy framework was recognized as a prophetic instrument, which had given the Region a head start for implementation of the 2030 Agenda. The measures taken by Member States in the spirit of Health 2020 included the promotion of health in all policies, social participation, climate change mitigation, integrated water supply and sanitation, and food safety. A public health strategy had been drawn up in the Commonwealth of Independent States, based on Health 2020; national strategies on health promotion and disease prevention had been drafted; and major reforms to integrate health and social services had been initiated. Successes achieved included steady reductions in cardiovascular diseases and in infant and child mortality.

With regard to the European Action Plan for Strengthening Public Health Capacities and Services, representatives reported amendments in the essential package of services that national health systems were committed to providing; increases in the proportion of the national health budget allocated to essential public health and preventive services; reductions in out-of-pocket payments; and formal agreements to promote the appropriateness of interventions and to ensure citizen satisfaction. Some countries were expanding the concept of universal health coverage to incorporate aspects of access and quality of care. In one Member State, cardiovascular disease mortality and morbidity had been reduced through the establishment of networks of centres for the provision of care and specialized surgery. Other countries were placing emphasis on the prevention and control of NCDs and risk factors, on integrated health services delivery, and on health promotion throughout the life-course. Development of the new self-assessment tool was welcomed. WHO's continued support on universal health coverage, NCDs, health information systems and antimicrobial resistance was commended.

The strengthening of networking among organizations of the United Nations system at the regional level was welcomed. WHO was encouraged to focus more attention on cross-border activities to ensure wide uptake of policies.

Recognizing that it was time to integrate the Health 2020 policy framework into the 2030 Agenda for Sustainable Development, all speakers expressed support for the preparation of a roadmap to implement the 2030 Agenda in the WHO European Region.

A representative of the IAEA said that by 2030, new cancer cases in the Region were expected to increase by 25%, to 4.6 million cases, with almost 2.5 million deaths. Attainment of the SDG target on reduction of early deaths due to NCDs required the prevention of 1.5 million global deaths from cancer alone. That momentous challenge could be overcome, however, by pooling expertise and resources. The IAEA had thus far invested over €300 million and remained committed to further intensifying its work. In close collaboration with WHO and the International Agency for Research on Cancer, the IAEA's Programme of Action for Cancer Therapy had coordinated 13 national cancer control assessments in the European Region, yielding recommendations on cancer control and the establishment of national priorities and supporting evidence-based decision-making. The rising cancer burden demanded that comprehensive cancer control be prioritized in order to meet the related SDG targets.

Statements were delivered by representatives of EuroHealthNet and of the International Federation of Medical Students' Associations, speaking also on behalf of the Council of Occupational Therapists for European Countries, European Forum of Medical Associations, European Public Health Alliance, European Respiratory Society, and the World Federation of Occupational Therapists. A written statement was submitted by the International Pharmaceutical Federation.

The Committee adopted resolution EUR/RC66/R4.

Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery

(EUR/RC66/15, EUR/RC66/15 Add.1, EUR/RC66/Conf.Doc./11)

The Director, Health Systems and Public Health, said that the draft framework for action on integrated health services delivery took forward the priorities that the Regional Committee had endorsed at its 65th session. It also echoed the values and principles set out in the 2030 Agenda for Sustainable Development, the Tallinn Charter: Health Systems for Health and Wealth, the Ljubljana Charter on Reforming Health Care in Europe and Health 2020: a European policy framework and strategy for the 21st century. The draft framework for action bore testament to the regional commitment to primary health care and people-centred health systems. The instrument was the product of three years of extensive consultations, knowledge sharing and exchange of experience. It was shaped around four domains: individuals and communities, services delivery, systems enablers and change management. The draft framework for action was designed to help Member States transform health services delivery on the ground. Its implementation would require a team effort and an alignment across policies and stakeholders.

He thanked the Government of Kazakhstan for its generosity in hosting the new geographically dispersed office for primary health care in Almaty, which would be an

implementation hub for primary health care and services delivery in the Region. He dedicated his presentation to the late Minister of Health of Kazakhstan, Dr Salidat Kairbekova, offering condolences to her family, friends and colleagues on her untimely death. The Minister's deep commitment to launching the office on primary health care should translate into excellent health outcomes.

A representative of the Twenty-third SCRC commended the inclusive, open and responsive consultation process surrounding the development of the draft framework for action. In the course of those consultations, the Standing Committee had requested greater emphasis to be placed on the role of policy-makers, the training of health workers, increased investment in disease prevention and health promotion, and further elaboration of primary health care and e-health. Member States and other stakeholders had provided valuable feedback with regard to diabetes, dementia, and health workforce development. The draft framework for action, in its current form, took full account of those proposals. It was also in line with the recently adopted WHO Framework on Integrated People-centred Health Services.

In the ensuing discussion, representatives expressed strong support for the draft framework for action. Member States had drawn inspiration from the instrument in efforts to optimize their own national health care systems. The inclusive and open process of consultations and the relevant work done by other international bodies were welcomed. It was noted with appreciation that the draft framework for action included the life-course approach, accountability and governance, and an emphasis on patient engagement. The definitions of key concepts, such as people-centred health systems and integrated services, were also well received.

There was agreement that the draft framework for action was a timely tool, given that rapid demographic and epidemiological changes were placing increasing strain on health systems. Representatives also acknowledged its timeliness and relevance in relation to the global drive towards universal health coverage and the importance that people-centred health systems were accorded in Health 2020. Participants underscored the challenges represented by the growing burden of chronic conditions, NCDs and re-emerging infectious diseases such as tuberculosis in a context of dwindling resources. In some Member States, the situation was compounded by large inflows of migrants. There was agreement that, against that backdrop, health services delivery needed to be transformed to make it fit for purpose. Putting patients first and providing more integrated care were ways of attaining that goal. The value of retraining the health workforce and the opportunities presented by innovative technologies and medicines were mentioned.

Participants agreed that integrated health care services delivery would improve quality of care, access to care and adherence to treatment. There was broad support for including people, services, health systems and change management as the key areas for action. Stronger, people-centred health services would facilitate more efficient use of scarce resources and help reduce inequalities in health. The need to overcome the traditional dichotomy between health and social services was seen as vital for facilitating equal access.

Participants shared experiences and provided information on action taken to improve primary care delivery and strengthen health systems in their own countries, commending the fruitful cooperation with the Regional Office in that context. Some Member States had used a multistakeholder approach to move towards more

comprehensive and integrated health services delivery. Others had prioritized the integration of primary health care services, community-based services and hospitals. In some cases, local health units had been used as entry points. Integrated, flexible local health systems, the use of community health teams, retraining, and incentives for junior health workers were seen as feasible ways to reduce geographic inequalities in access to health. The importance of clear referral mechanisms was noted. One participant mentioned the value of exchanging experiences on how to address critical health issues such as cardiovascular diseases, diabetes and cancer. Participants underscored the importance of patient engagement, improved patient experience and patient–professional partnerships. One participant highlighted the value of health promotion through health literacy. Monitoring performance and outcomes was also viewed as crucial, with particular attention to health services delivery to vulnerable populations. Electronic medical records, peer reviews and joint user–provider committees were mentioned as useful monitoring tools.

A representative of OECD said that the draft framework for action was fully in line with relevant work done by her organization, which had been closely involved in the development of the instrument. Given the growing complexity of health systems, patients and people must be put at the centre of health services delivery and be seen as partners in health. Upstream preventive interventions and reformed care and treatment delivery were paramount. It was also important to improve data collection on health outcomes. To that end, the OECD would launch an initiative for developing routine measuring of patient outcomes, in cooperation with partners, and would host a high-level policy forum on person-centred care in January 2017.

The Programme Manager, Health Systems and Public Health, said that services and health systems needed to be reorganized so that people and communities were at the centre of health service delivery. The draft framework for action was a milestone in the Regional Committee's work on health systems and public health, and implementation and adaptation to country-specific realities were already under way. It was important to work at the local level and to make health systems accountable to the people they served. The three priority avenues to achieve integrated health services delivery were integration of primary health care and public health; improving coordination between primary care and hospitals; and integration of social and health care.

The Director, Health Systems and Public Health, said that in the absence of agreed indicators for measuring performance of health services delivery, "avoidable hospitalizations for ambulatory care-sensitive conditions" served as a proxy indicator. The most frequent stumbling blocks for service delivery transformation were political opposition and public opinion. It was important to direct efforts away from fighting existing problems towards embracing change.

A statement was delivered by the representative of Medicus Mundi International on behalf of the Council of Occupational Therapists for the European Countries, European Forum of Medical Associations, European Forum for Primary Care, European Public Health Alliance, European regional network of the World Organization of Family Doctors, International Federation of Medical Students' Associations, the World Federation of Occupational Therapists and the Worldwide Hospice and Palliative Care Alliance. A statement was made by the representative of European regional network of the World Organization of Family Doctors on behalf of the Council of Occupational Therapists for the European Countries, European Forum for Primary Care, European Public Health Alliance, International Association for Hospice and Palliative Care,

Medicus Mundi International, World Federation of Occupational Therapists and Worldwide Hospice and Palliative Care Alliance. Statements were also made by representatives of the International Network of Health Promoting Hospitals & Health Services and the World Federation of Societies of Anaesthesiologists. Written statements were submitted by representatives of the International Association for Hospice and Palliative Care, the International Society of Physical and Rehabilitation Medicine, Medicus Mundi International and the World Organization of Family Doctors.

The Committee adopted resolution EUR/RC66/R5.

Strategy and action plan for refugee and migrant health in the WHO European Region

(EUR/RC66/8, EUR/RC66/8 Add.1, EUR/RC66/Conf.Doc./4 Rev.1)

The Coordinator, Public Health and Migration, described the development of the draft strategy and action plan for refugee and migrant health, which reflected the discussions at recent sessions of the Regional Committee and the World Health Assembly and the outcomes of the High-level Meeting on Refugee and Migrant Health (Rome, Italy, 23–24 November 2015). The draft strategy described the applicable legal framework in Europe, the current status of migration and health and the guiding principles governing all interventions, including respect for human rights and gender equity and a multisectoral approach. The draft action plan defined nine strategic priority areas, with associated action to be taken by Member States and the Regional Office. The evidence underpinning the Strategy and action plan was described thoroughly in the five Health Evidence Network reports on migrant health.

A representative of the Twenty-third SCRC, who had chaired its subgroup on migration and health, underscored the complex nature of the relationship between migration and health, which required close collaboration between sectors, governments and international organizations. Every opportunity must be taken to ensure a coherent approach to migration and health in countries of origin, transit and destination. The draft strategy and action plan was the first of its kind and would set an example for action at the global level. It had been prepared through a thorough, collaborative process and the Standing Committee recommended it for adoption by the Regional Committee.

In the ensuing discussion, representatives welcomed the proposed strategy and action plan. Representatives of countries of arrival described the measures taken to receive migrants arriving in Europe and emphasized the urgent need for immunization and mental health services, as well as the major role played by nongovernmental organizations and cultural health mediators. Close coordination between the health and other sectors and among countries was vital. Action should be targeted at the most vulnerable groups, including unaccompanied children, pregnant women, elderly people and people with disabilities, and the potential contribution which migrants could make to their host countries was underscored. Migrants' integration into their new countries in the medium and long term must be carefully managed.

Epidemiological monitoring for early warning of possible epidemics was particularly important and reliable; comparable data on the health status of migrants must be gathered. One representative questioned the potential reporting burden on Member States and another suggested that the number of core indicators be limited to five: it was

more important to implement the draft strategy and action plan effectively than to produce perfect data sets.

The Director, Migration Health, International Organization for Migration, said that despite the fact that the majority of the 75 million migrants currently living in Europe were well integrated and contributed positively to their host societies, attention was generally paid to the desperate, unorganized and forced migration flows to European shores. To date in 2016, around 280 000 migrants and refugees had arrived in Europe by sea, and more than 3000 had died or were reported missing in transit. Avenues for safe, organized and dignified migration remained a matter of debate. Despite the volume of the migrant population and the global call for universal health coverage, until very recently migrant health had received little prominence in global health and development agendas. Migrants' access to health care was often limited by their legal status, with discriminatory and stigmatizing practices restricting entry and stay on the basis of medical reasons. Cross-border mobility raised challenges for disease surveillance, health data management and treatment continuity. The draft strategy and action plan for refugee and migrant health in the WHO European Region was therefore particularly timely. Every effort must be made to implement it and, further, to extend collaboration beyond the health sector and beyond Europe and reach consensus on unifying global principles, policies and tools so as to achieve migrant-sensitive health systems and ensure that no one was left behind.

The Director, Programme Support and Management, Office of the United Nations High Commissioner for Refugees, said that despite the scale of the migrant crisis in Europe, it was not unmanageable. In fact, only a small proportion of migrants came as far as Europe: approximately 86% of the world's migrants were hosted by developing countries, sometimes for many decades. Those migrants who came to Europe tended to suffer not only from the same diseases and conditions commonly encountered in the host community but also from the effects of poor health care in their country of origin, a dangerous journey, physical and mental trauma, barriers created by language and cultural differences and lack of information. Integration of migrants into mainstream health care systems and investment in their health and well-being would help them to integrate and to contribute in their new communities and, potentially, when they returned to their own countries. Investment would also ensure that access to and quality of care did not deteriorate for the local population.

Statements were made by representatives of the World Heart Federation and the World Organization of Family Doctors, the latter speaking also on behalf of the Council of Occupational Therapists for European Countries, European Forum for Primary Care, European Public Health Alliance, International Association for Hospice and Palliative Care, World Federation of Occupational Therapists, World Hospice and Palliative Care Alliance and International Federation of Medical Students' Associations. Written statements were submitted by the International Federation of Medical Students' Associations, International Pharmaceutical Federation and World Federation of Occupational Therapists.

The Coordinator, Public Health and Migration, replying to points made, said that proxy indicators had been identified wherever possible to minimize the reporting burden of Member States. Reports would be prepared every two years on the basis of a simple questionnaire.

The Regional Director called on Member States to share their experiences in subregional meetings and other forums. She understood the potential burden of reporting on Member States, particularly with respect to formal policy documents such as the draft strategy and action plan, but proposed that the Regional Committee await further policy decisions by WHO headquarters before making any changes.

The Committee adopted resolution EUR/RC66/R6, containing the draft strategy and action plan for refugee and migrant health in the WHO European Region.

Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in the WHO European Region – leaving no one behind

(EUR/RC66/13, EUR/RC66/13 Add.1, EUR/RC66/Conf.Doc./9 Rev.1)

The Director, Noncommunicable Diseases and Promoting Health through the Life-course, said that since the International Conference on Population and Development (ICPD) in 1994, global discussions had been ongoing to elaborate the concepts and principles of sexual and reproductive health. The draft action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind was the first document of its kind to be submitted to the Regional Committee. The concept of the draft action plan had been initiated by the Regional Committee in 2014, following a technical briefing on women's health at which Member States had requested consideration of the issue of sexual and reproductive health. The draft plan, in its various iterations, had been the subject of comprehensive consultations, discussions and revisions. After the third session of the Twenty-third SCRC in March 2016, some 103 pages of written comments had been received, all of which had been recorded and noted, along with the reasoning behind their acceptance or rejection. The genesis of each paragraph of the document had been recorded and would be made publicly available on request. A revised document had been considered by the fourth session of the Twenty-third SCRC in May 2016, following which bilateral consultations had taken place during the World Health Assembly, and final revisions made. Written comments had been received and telephone and email exchanges held with several Member States, all of which had been documented.

The Programme Manager, Sexual and Reproductive Health, said that sexual and reproductive health were an essential part of the life-course approach. The comprehensive definition of reproductive health, as contained in the ICPD Programme of Action adopted in 1994, had been used throughout the consultations on the draft action plan. Many international documents referring to health and human rights had been accepted by Member States. In a society in which sex was used for marketing and holistic sexuality education was not common, the draft action plan was intended to ensure that everyone could have their questions on sexual and reproductive health answered. Much remained to be done to realize the draft action plan's vision to make the European Region one in which all people were enabled and supported in achieving their full potential for sexual and reproductive health and well-being, where human rights related to sexual and reproductive health were respected, protected and fulfilled and where countries, individually and jointly, would work towards reducing inequities in sexual and reproductive health and rights.

A representative of the SCRC said that the Standing Committee had been actively involved in the comprehensive consultation process that had guided the drafting of the draft action plan. Despite the sensitivity surrounding the issue, everyone in the Region should be enabled to achieve their full potential for sexual and reproductive health. The draft action plan urged all governments to improve sexual and reproductive health and well-being, and in so doing reduce the burden of ill health of the population, with particular attention to vulnerable, disadvantaged and marginalized groups. The SCRC acknowledged the different attitudes towards sexual and reproductive health and commended the Regional Office's efforts to study and discuss the proposals made by Member States. The debate on the terminology used in the document had reached a compromise and the text currently before the Regional Committee was unanimously supported by the SCRC. The Standing Committee encouraged the Regional Committee to endorse the plan and adopt the accompanying draft resolution.

In the ensuing discussion, many representatives welcomed the draft action plan, which addressed a sensitive subject, and underscored the importance of sexual and reproductive health and rights in the context of global development and the attainment of the SDGs. The draft plan was timely and – in conjunction with the Minsk Declaration and Health 2020 – would lay the foundation for ensuring health and well-being for all. The drafting and consultation process had been extensive and comprehensive, and should be commended. All stakeholders had been given ample opportunity to contribute to the draft plan and to express their views. The document was essential for maintaining the impetus of progress and achieving equal social and health outcomes for all, particularly through a whole-of-government approach. Examples were given of steps taken at the national level to promote women's and adolescents' health, in particular by increasing access to family planning, reducing abortions, using contraception to promote women's health and improving access to comprehensive, evidence-based sexuality education. The draft action plan would provide useful guidance for Member States in the further development of national policies and plans.

Some participants expressed deep disappointment that revisions to the draft action plan had weakened its content considerably and rendered it less ambitious than originally intended. Sexual and reproductive rights were the cornerstone of women's health and empowerment and, as such, must be respected, protected and promoted. It was therefore regrettable that the reference to those rights had been removed from the proposed title of the document. The right of every person to decide freely over matters concerning his or her body without threat or violence was fundamental. The management of issues related to sexual health was often fragmented and required a renewed, coordinated commitment. Despite their disappointment, they commended the Secretariat's efforts to seek a compromise and expressed their willingness to adopt the draft action plan, without further amendment.

One representative expressed concerns with regard to the sovereignty clause that had been added to the draft text both as a footnote and in paragraph 19: the words "and with international and regional human rights treaties" were not acceptable and should be deleted. The explanatory note contained in paragraph 2 of Annex 2 should also be deleted. Those proposed amendments received the Regional Committee's support.

Other representatives, while commending the comprehensive consultation process and expressing their commitment to the promotion of sexual and reproductive health, were dissatisfied with the terminology used in the draft action plan. Despite considerable discussion and a change to the proposed title of the document, the draft action plan still

contained references to “sexual and reproductive health and rights” – terminology which was not in line with that used in the 2030 Agenda for Sustainable Development.

One participant wished to know why such an action plan was necessary, given the large number of existing documents that addressed various aspects of sexual and reproductive health. He was particularly concerned by the use of commanding language, especially in Objective 1.1, which ordered Member States to recognize sexual and reproductive rights by law. Since neither the United Nations nor WHO had set a universally agreed definition of those rights, they should not be included in the document. The draft action plan addressed issues that were more within the remit of UNFPA than WHO. Care should be taken to consider which aspects of children’s and adolescents’ health were the responsibility of the State and which were the responsibility of parents and guardians. The rights and roles of parents were enshrined in international law and should be reflected in the draft action plan.

One representative proposed that paragraph 45 of the text should be amended to read: “Existing global and regional agreements, strategies and action plans should be taken into account if selecting new regional and national targets and indicators is feasible and appropriate (see Annex 1). The Regional Office will consult Member States about this issue after the adoption of the draft action plan by the 66th session of the Regional Committee for Europe in September 2016.” The representative of one Member State said that her delegation had submitted its reservations in writing to the Secretariat regarding conscientious objection, sexuality education involving education for matrimony and parenthood, role of consent of parents, disbursement of contraception, surrogate motherhood, missing birth data and missing sustainable population policies in the draft action plan. Fertility awareness should be addressed in the draft action plan.

The Regional Director, Eastern Europe and Central Asia Regional Office, UNFPA, welcomed the proposed action plan, which would enable all individuals to exercise their basic human rights, including those related to the most intimate and fundamental aspects of human life. The draft action plan would assist in addressing the European Region’s unique population dynamics by focusing on people and their rights. The adoption of the 2030 Agenda for Sustainable Development reflected the vision of the ICPD Programme of Action: development could only be achieved in a world free from fear and violence. Implementation of the draft action plan would increase the prospects of meeting the SDGs and would place the WHO European Region at the forefront of the promotion of sexual and reproductive health and rights.

Statements were made by representatives of the International Federation of Medical Students’ Associations and the International Planned Parenthood Federation.

The Director, Noncommunicable Diseases and Promoting Health through the Life-course, thanked all participants for their contributions and their constructive spirit. He presented a revised draft resolution, which he hoped took account of the concerns expressed. Despite strong statements of instruction to Member States, the document contained a sovereignty clause, which clearly subordinated the evidence-based direction in the proposed action plan to national legislation. Every effort had been made to accommodate all concerns, and he hoped that the amendments made to the draft resolution and Action plan would enable the Regional Committee to reach the consensus needed to proceed.

The Director, Reproductive Health and Research, WHO headquarters, said that the concept of sexual and reproductive health and rights had been evolving over recent years. Sexual rights had been defined in the context of internationally recognized human rights, including the right to the highest attainable standard of health, the right to marry and start a family and the right to decide the number and spacing of children. The concept of sexual health was one of the pillars of the global health sector strategies for HIV, viral hepatitis and sexually transmitted infections, adopted by the Sixty-ninth World Health Assembly.

The Programme Manager, Sexual and Reproductive Health, expressed her appreciation to all those who had contributed to the discussion; in so doing they had confirmed that sexual and reproductive health mattered for all. Reports of progress in countries with regard to many aspects of sexual and reproductive health were particularly encouraging. Challenges, however, persisted in the form of inequities and inequalities in sexual and reproductive health and a lack of information and quality services for many. A multisectoral, whole-of-government approach was essential. The draft action plan would serve as a culmination of the work undertaken in existing regional and global documents that referred to sexual and reproductive health. Fertility awareness was encompassed in the wording of paragraph 31(b). The role of parents was indeed crucial and was explicitly mentioned in paragraphs 27(d) and 38(d) of the draft action plan.

One representative proposed that footnote 1 of the draft resolution be amended to add the words “as amended” after “EUR/RC66/13”.

Another participant said that his delegation would reluctantly support the adoption of the draft action plan. The removal of the reference to international agreements from the sovereignty clause was regrettable. He expressed his government’s strong commitment to the promotion and protection of sexual and reproductive health and rights, and emphasized that the draft action plan could be implemented effectively only when all human rights were respected, protected and fulfilled.

Deletions were agreed upon and resolution EUR/RC66/R7 was adopted.

The representatives of three Member States (Hungary, Poland and Turkey) expressed their delegations’ reservations to the draft action plan and resolution and said that, on that basis, they wished to disassociate themselves from both documents.

Strategy on women’s health and well-being in the WHO European Region

(EUR/RC66/14, EUR/RC66/14 Add.1, EUR/RC66/Conf.Doc./10)

The Director, Noncommunicable Diseases and Promoting Health through the Life-course, said that the proposed strategy on women’s health and well-being in the WHO European Region was the product of close cooperation between his division and the Division of Policy and Governance for Health and Well-being. It connected important agendas of the Global Strategy for Women’s, Children’s and Adolescents’ Health 2016–2030, the 2030 Agenda for Sustainable Development and Health 2020. A European Strategy on women’s health and well-being could build and expand on the provisions of the Minsk Declaration on the Life-course Approach in the Context of Health 2020, the health-related SDGs and the Global Strategy. It could also underpin the global drive towards equity in health. The document drew on evidence compiled in two reports,

namely, Beyond the mortality advantage: investigating women's health in Europe and Women's health and well-being in Europe: beyond the mortality advantage.

A technical officer, Policy and Governance for Health and Well-being, said that gender inequalities in health went well beyond the mortality advantage. A European strategy for women's health was needed urgently, given the considerable inequalities in life expectancy and health among women both within and between countries in the Region. The draft strategy sought to strengthen governance with women at the centre, eliminate discriminatory values and practices, tackle the impact of gender and other social, economic and environmental determinants of health, and improve health systems' responses to women's needs. It looked beyond issues of reproductive, maternal and child health to incorporate a more holistic view of women's health from a life-course perspective; proposed gender-sensitive budgeting and intersectoral, gender-responsive policy-making; and linked gender with other determinants of health. It also identified health and social protection as a means to reduce the impact of precarious income.

Women were not a homogenous group and improving their health status required multisectoral action, with the health sector playing a crucial role in prevention and care. Their participation in the health system should also be acknowledged; they accounted for a large proportion of the health workforce; and their work must be adequately remunerated. A gender-based medicine model was needed to address bias in research. The draft strategy's overarching goal was to enable and support women in attaining their full health potential. Member States were invited to work individually and together to reduce gender inequalities in health, with technical support from the Regional Office.

A representative of the Twenty-third SCRC said that the proposed strategy on women's health identified gender as a strong determinant of health. While women's health in the European Region was better than elsewhere, intersectoral action and gender-responsive health systems were needed to remove persisting inequalities. The draft strategy's transformative agenda was in line with the strategic guidance provided in the Global Strategy for Women's, Children's and Adolescents' Health. Giving an overview of the process leading up to the formulation of the draft strategy, she noted with appreciation that the Standing Committee's guidance provided during the consultation process had been taken on board. The Twenty-third SCRC recommended that the Regional Committee endorse the draft strategy and adopt the accompanying draft resolution.

The ensuing panel discussion on the proposed strategy on women's health and well-being in the WHO European Region was moderated by the Director, Policy and Governance for Health and Well-being. The Director, Global Health Programme, Graduate Institute of International and Development Studies, in Geneva, Switzerland, and the Chief Executive Officer of Women Deliver participated as panelists.

The moderator invited the panelists to offer their views on the contribution that the draft strategy could make to the global discussion on women's health. Panelists might also wish to elaborate on the advantages of looking at health through the gender lens. She asked which sectors panelists considered most crucial when it came to multisectoral action aimed at achieving equality in health and what type of investment in women's health they deemed most beneficial. Finally, she wished to know what type of change panelists would consider indicative of the draft strategy's success.

The Chief Executive Officer, Women Deliver, said that the adoption of a strategy on women's health in the region was highly opportune, both from a health and a

socioeconomic perspective. The promotion of women's health must go beyond survival, moving towards the attainment of well-being. Sexual and reproductive health, maternal health, economic empowerment, political empowerment and access to resources had been identified as key areas for investment. That investment would yield many benefits as women delivered more than babies; they were also producers and consumers and health was crucial to their full participation in society.

The promotion of women's health needed a multisectoral approach, with the economic sector being particularly relevant. Women's health should be seen in the wider context of development, taking into account women's contribution to society and the economy. In many countries, women's health remained low on the list of priorities despite the fact that political and financial investment in their health and well-being fueled progress. The time had come for Member States to take specific action and design, adopt and implement comprehensive national strategies on women's health.

The Director, Global Health Programme, Graduate Institute of International and Development Studies, said that gender equality required continuous and high-level political engagement. Closing the gender gap was critical to the implementation of Health 2020 and a whole-of-government approach was needed to achieve that goal. The European Region should take the lead, seizing the opportunity represented by the fact that its Regional Director was a woman. The gender lens would help correct the vision of stakeholders, encouraging them to revisit data and double-check evidence to address political determinants of women's health.

Cooperation with the economic sector was crucial. Women's contribution to the health economy in paid and unpaid work had never been quantified. Many countries' health systems depended on the international transfer of caring, a phenomenon that was largely invisible. Women involved in the global care chain were mostly in precarious employment and underpaid but still contributed to development elsewhere through remittances. Their valuable social and economic contribution went unnoticed. The notion of investment, which was usually understood in monetary terms, must be widened to include investment in political and social capital. The establishment of new mechanisms to help men to invest in families and society, rather than exclusively in paid work, could bring a paradigm shift in society. Investment in data was also crucial to make women's health count.

In the ensuing discussion, representatives welcomed the proposed strategy, which was timely and highly relevant. Given the persistent health inequalities among women from different socioeconomic backgrounds within and between countries, a separate Strategy on women's health for the European Region was essential. The fact that the proposed strategy would place no additional reporting burden on Member States was particularly welcome. There was agreement that gender was a powerful determinant of health; health promotion, prevention and care should be gender-responsive. Economic and social determinants of health and a life-course approach, as well as multisectoral action, were critical.

Inequality in health had been created by society and must be rectified through a gender-responsive, whole-of-government approach to policy-making. Countries needed to create political, legislative and institutional enabling environments for gender-responsive health care promotion and delivery. The resurgence of sexually transmitted infections and an increase in unhealthy behaviours among young women illustrated the need for gender-specific awareness campaigns. The proposed strategy would provide

useful guidance for mainstreaming gender-responsive actions into national action plans and strategies.

Participants from countries with long-standing traditions of working towards the advancement of women recognized the value of the draft strategy for consolidating national efforts. Health risks should be viewed from a gender perspective, as gender-specific risks could accumulate over time. Harmful and discriminatory practices, gender-based violence and trafficking in persons must be addressed as determinants of health. Mental health, sexual and reproductive health, chronic illnesses and the social environment of women should also be taken into consideration. Future public health policies and programmes should contain relevant actions from a gender perspective. There was general agreement that the health-related SDGs could not be achieved without equality.

Gender-specific health budgeting and investment in the health of girls and women throughout the life-course were crucial. Women should be at the centre of decision-making in health and gender-responsiveness should be used as a criterion of quality. Considering the large number of women working in the delivery of care, the health sector could be a role model for the way in which it treated its female employees in the formal and informal care sectors. Efforts should also be made to achieve recognition through pension systems for unpaid care work.

Several participants commended the link between the promotion of women's sexual and reproductive rights and the promotion of health and well-being; the draft strategy should therefore be delivered in tandem with the draft action plan for sexual and reproductive health. One representative took issue with the sexual and reproductive rights aspect of the proposed strategy and reserved the right to regard the relevant provisions as non-binding. Reservations were also expressed with regard to the proposed categories for the collection of disaggregated data, which interfered with the right to privacy and in some cases, due to their sensitive nature, might make it impossible to obtain data.

The Regional Director, Eastern Europe and Central Asia Regional Office, UNFPA, underscored the value of a European strategy on women's health and well-being. The proposed investment in girls' and women's health would yield large returns for communities, countries and the Region as a whole. By calling for investment in women's sexual and reproductive health, the draft strategy would help to strengthen national efforts to refine existing policies and strategies and to make them more gender-responsive. The SDGs were complex and could be achieved only through cross-sectoral, collective action. By supporting and implementing the draft strategy, Member States would advance women's health and accelerate progress towards health and well-being for all people in the Region.

A statement was made by the representative of the International Pharmaceutical Federation. Written statements were submitted by the Standing Committee of European Doctors and the World Heart Federation.

The Director, Noncommunicable Diseases and Promoting Health through the Life-course, thanked participants for their strong support of the draft strategy. He was pleased to learn that Member States already drew on the guidance in the document when developing national strategies and action plans. The proposed categories for data disaggregation were based on the categories used in the SDG background report,

A world that counts: mobilizing the data revolution for sustainable development; he was aware that the list was aspirational in nature and took note of the concerns raised.

A technical officer, Policy and Governance for Health and Well-being, welcomed the insightful contributions from the panelists and Member States. The division would continue its work relating to the way in which pension systems recognized unpaid work.

The Committee adopted resolution EUR/RC66/R8.

Elections and nominations

(EUR/RC66/7, EUR/RC66/7 Add.1, EUR/RC66/7 Add.2)

Executive Board

The Committee decided that Georgia and Italy would put forward their candidatures to the Seventieth World Health Assembly in May 2017 for subsequent election to the Executive Board.

Standing Committee of the Regional Committee

The Committee selected Greece, Slovakia, Slovenia and Turkey for membership of the SCRC for a three-year term of office from September 2016 to September 2019.

European Environment and Health Ministerial Board

The Committee selected the ministers of health of Cyprus and Lithuania for membership of the European Environment and Health Ministerial Board for a two-year term of office from 1 January 2017.

Action plan for the health sector response to HIV in the WHO European Region

(EUR/RC66/9, EUR/RC66/9 Add.1, EUR/RC66/Conf.Doc./5 Rev.1)

The Director, Health Emergencies and Communicable Diseases, presenting the draft action plan for the health sector response to HIV in the WHO European Region, said that the rate of HIV infection was decreasing globally but HIV infections were increasing in Europe, particularly in the eastern part of the Region, and that it remained concentrated in key populations. Antiretroviral therapy coverage remained inadequate in eastern Europe, and the number of AIDS cases was increasing. Nonetheless, three European countries had validated elimination of mother-to-child transmission of HIV and/or syphilis, and many more were preparing to do so.

The draft action plan, which was aligned with global and regional policies and strategies and built on the lessons learned from implementation of the European Action Plan for HIV/AIDS 2102–2015, had been drawn up through a broad, Region-wide participatory process. The vision was to have zero new HIV infections, zero AIDS-related deaths and zero HIV-related discrimination by 2030, while the goal of the draft action plan was to end the AIDS epidemic as a public health threat by that date. The draft plan comprised five strategic directions: information for focused action; interventions for impact; delivering for equity; financing for sustainability; and innovation for acceleration. In the draft resolution, Member States were urged to review and, where appropriate, revise

national HIV strategies and targets, prioritizing key populations; to strengthen HIV prevention and implement an essential package of services; and to strengthen political commitment and ensure sustainable financing. The Regional Office was requested to continue working in partnerships and to facilitate the exchange of best practices. Implementation of the draft action plan would be monitored and reported to the Regional Committee in 2019 and 2022.

A representative of the Twenty-third SCRC said that the Standing Committee accepted that the European Region was at a critical point with regard to HIV, and that Member States needed to make a renewed and reinvigorated political commitment to ensuring sustainable financing in order to implement evidence-based policies and technical and programmatic innovations. The SCRC recognized that development of the draft action plan had been a transparent and inclusive process, supported by an advisory committee established to ensure an accurate technical review. The ambitious yet achievable goals and targets in the draft action plan – notably the 90-90-90 targets for testing and treatment – would help countries to achieve the commitments of the 2030 Agenda for Sustainable Development, the multisectoral UNAIDS 2016–2021 Strategy, the WHO Global Health Sector Strategy on HIV 2016–2021 and the Health 2020 policy framework. The Standing Committee recommended that the Regional Committee adopt the draft resolution.

In the ensuing discussion, representatives of Member States reported on national policies and plans that were already being implemented. Countries had set up multistakeholder think tanks and national coordinating committees, had adopted legislation and were implementing multisectoral strategies, programmes and plans of action on the prevention of HIV infection, the treatment and care of people living with HIV, and the reduction of stigma and discrimination. HIV screening during pregnancy, rapid diagnostic tests and self-screening had been introduced, and the provision of antiretroviral therapy was being extended. Free screening of more than 20% of the population each year was being implemented in one country, where the risk of mother-to-child transmission had been reduced to 2% in 2015. Harm reduction programmes had been introduced for people who injected drugs, and new treatment and communication approaches were being applied. Under one country's presidency of the Council of the European Union in the first half of 2017, a technical meeting would be held in collaboration with the European Centre for Disease Prevention and Control. Outcomes would be outlined in a technical declaration of commitment.

Nonetheless, speakers acknowledged that the HIV epidemic would not be halted unless all governments committed to providing the full package of evidence-based interventions set out in the new regional action plan. Political commitment was also necessary in the light of the declaration adopted at the United Nations General Assembly High-level Meeting on HIV/AIDS (June 2016) and the 90-90-90 testing and treatment targets advocated by UNAIDS. To achieve those targets and others in the draft action plan related to prevention, AIDS-related deaths, discrimination and financial sustainability, representatives drew attention to the need for international cooperation. Migration and the nature of communicable diseases meant that HIV could not be tackled by countries acting on their own: cross-border collaboration and the exchange of experience would be required, and some countries would require continued financial support from international donors.

Information was crucial to successful implementation of the draft regional action plan. Knowledge of surveillance and research data was essential for taking the right

decisions. Evidence-based HIV prevention and treatment ensured that the greatest number of people in need were reached. However, cross-border sharing of information should take place only with the informed consent of the patient. One speaker proposed that evaluation and monitoring of the new regional action plan should be done every two years.

Emphasis was also placed on the need to involve people living with HIV and civil society. The latter could do valuable work on prevention and information, since they were close to key target groups. They could also deliver services (including rapid testing) for high-risk groups, thereby improving detection. In one country, the introduction of pre-exposure prophylaxis had furnished a good example of collaboration between government authorities, research bodies and civil society. Synergies with other health campaigns should be sought.

All speakers endorsed the new regional action plan and expressed support for the draft resolution. The focus on key vulnerable population groups, especially prisoners and people who injected drugs, was welcomed. Discrimination and stigmatization were recognized as preventing access to care and prevention. The draft action plan should be implemented in coordination with the multisectoral UNAIDS 2016–2021 Strategy.

The Regional Manager, Eastern Europe and Central Asia, Global Fund to Fight AIDS, Tuberculosis and Malaria, said that the Global Fund was concerned that the current scope and scale of action were insufficient to reverse both the HIV and the tuberculosis epidemics in the Region. Acceleration of the response, with a focus on evidence-based high-impact interventions, was urgently required in order to meet regional and global targets. While in eastern Europe and central Asia the epidemics remained by and large concentrated in key affected populations, in several countries with the highest HIV burden in the Region the epidemic was spreading among the general population. Countries in eastern Europe and central Asia were urged to strengthen their political commitment by ensuring targeted counterpart financing and by enabling a regulatory framework for the implementation of evidence-based and cost-effective policies. The Global Fund would provide resources to contribute to implementation of the new regional action plan in countries meeting the Fund's eligibility criteria.

The Director, Regional Support Team for Eastern Europe and Central Asia, UNAIDS, expressed the strongest support for the draft regional action plan. Getting on the fast track to end AIDS was not complicated or even difficult but it would require urgent and bold steps beyond business as usual. Some might consider that the targets in the draft action plan were too ambitious. However, it maintained the same level of ambition to which Member States had committed themselves at the United Nations General Assembly High-level Meeting in June 2016. The draft action plan translated those commitments into practical steps that every country should implement.

The United Nations Secretary-General's Special Envoy for HIV/AIDS in Eastern Europe and Central Asia thanked the Regional Office for drafting a relevant, comprehensive and strong action plan, which was fully in line with the approved WHO Global Health Sector Strategy on HIV, the UNAIDS 2016–2021 Strategy and the ultimate objectives of the declaration adopted at the United Nations General Assembly High-level Meeting. In eastern Europe and central Asia, the number of newly detected HIV cases had increased by 57% in the previous five years and by more than 70% since 2005. HIV and multidrug-resistant tuberculosis were ongoing epidemic health emergencies in the Region. The robust draft European action plan complemented the

Tuberculosis Action Plan for the WHO European Region 2016–2020 adopted by the Regional Committee the previous year. He urged participants to extend access to effective prevention and treatment for the many people in need in the Region, with a strong focus on vulnerable populations.

A statement was made by a representative of the AIDS Healthcare Foundation (Europe) and a written statement was submitted by the World Federation of Occupational Therapists.

The Director, Health Emergencies and Communicable Diseases, thanked representatives for their expressions of strong support for the action plan and underscored the need to accelerate and fast track bold action to reverse the current trend.

The Committee adopted resolution EUR/RC66/R9.

Action plan for the health sector response to viral hepatitis in the WHO European Region

(EUR/RC66/10, EUR/RC66/10 Add.1, EUR/RC66/Conf.Doc./6)

The Director, Health Emergencies and Communicable Diseases, introduced the draft action plan for the health sector response to viral hepatitis, the first of its kind in the WHO European Region. Chronic viral hepatitis was a major public health threat, which caused more than 170 000 deaths per year in the Region, mostly as a result of chronic hepatitis B- and hepatitis C-related liver disease. One in 50 people in the European Region was infected and many were unaware of their hepatitis status, which meant that they were at high risk of developing complications, such as liver cirrhosis and cancer. Most hepatitis-related deaths were preventable and inaction was therefore not acceptable.

The draft action plan had been prepared through a Region-wide participatory process, with input from technical consultations and the expertise of an advisory committee. Feedback had been given by Member States, partners, civil society organizations and patients' organizations. Broad web-based consultations had also been held. The draft action plan included a vision and goal of eliminating viral hepatitis as a public health threat in the WHO European Region by 2030, by reducing transmission, morbidity and mortality and ensuring equitable access to comprehensive prevention and recommended testing, care and treatment services for all, in the context of universal health coverage, continuum of services and a public health approach. The draft action plan included priority actions for Member States and supporting actions for WHO under five strategic directions: information for focused action; interventions for impact, including essential services relevant to the local context, and national target setting; delivering for equity by identifying the best methods and approaches to ensure continuum of services to all populations in all locations; financing for sustainability to ensure that people could access the services they needed without incurring financial hardship; and innovation for acceleration, in which research and innovation were used to change the trajectory of regional and national health sector responses to viral hepatitis in order to maximize their impact.

A representative of the SCRC welcomed the draft action plan and the comprehensive nature of the participatory process that had supported its preparation, which had enabled account to be taken of the diversity in the epidemiology of viral hepatitis across the

Region, as well as in health systems and availability of resources. Member States faced substantial challenges with regard to ensuring equitable access to diagnosis, care and treatment. High-level commitment and a whole-of-government approach would be needed to overcome those challenges.

In the discussion that followed, many participants expressed their support for the draft action plan, which was in line with efforts at the global level and provided helpful and flexible guidance for Member States in establishing national strategies and plans, while taking due account of local contexts and specificities. The draft action plan was timely, since the response to high hepatitis prevalence rates across the Region had thus far been insufficient and needed to be strengthened as a matter of urgency. Examples were given of measures taken at the national level to address viral hepatitis and comorbidities in the Region, in particular by strengthening immunization programmes. One participant pointed out that while vaccination would be the key to eliminating hepatitis B, dealing with hepatitis C was a more complex issue.

New hepatitis C treatments were particularly expensive and steps should be taken to make them available and accessible. One representative described his country's successful efforts to negotiate competitive rates with pharmaceutical companies to ensure the provision of otherwise expensive treatments, thereby broadening treatment coverage and contributing significantly to hepatitis management. Education was crucial, for patients and the public, to address risk factors, raise awareness of methods to prevent sexually transmitted infections, and eliminate the stigma and discrimination associated with viral hepatitis so as to encourage patients to share their experiences with society. The number of hepatitis cases being treated with counterfeit drugs or drugs of spurious origin was alarming, and greater cooperation was required to prevent the trade in such drugs, which were arriving in European countries through new smuggling routes. One representative pointed out the importance of tackling blood transfusion-related transmission of hepatitis.

Two amendments were proposed to the draft resolution: to add the words "as well as discriminatory environments" after "policies" in operative paragraph 2(d); and to insert a sovereignty clause into the fourth preambular paragraph, by which the words "adapted to national priorities, legislation and specific contexts and also calls" are added after the words "national prevention and control programmes for viral hepatitis".

A statement was made by a representative of the World Hepatitis Alliance.

The Director, Health Emergencies and Communicable Diseases, thanked Member States for their expressions of support and for their acknowledgement of priority areas for action and the challenges that persisted. The experiences shared were very welcome, particularly with regard to the development of national strategies and plans with a comprehensive approach focusing on prevention, treatment and care, as well as efforts to address coinfections. The draft action plan cross-referenced the draft action plan for the health sector response to HIV, which also referred to the prevention of sexually transmitted infections. Further collaboration was required to address the high price of new medicines. The Regional Office remained committed to working with Member States, sharing data and increasing transparency. She looked forward to working with Member States to implement the draft action plan and in taking the first steps towards addressing the high burden of hepatitis in the European Region.

The Committee adopted resolution EUR/RC66/R10, as amended.

Proposed programme budget 2018–2019

(EUR/RC66/20, EUR/RC66/27)

The Assistant Director-General, General Management, introduced the draft proposed programme budget 2018–2019. The total of the proposed budget was US$ 4.66 billion, an increase of US$ 319 million over the previous biennium. The proposed budget emphasized full implementation of the WHO Health Emergencies Programme; global leadership in priority areas, including antimicrobial resistance and the eradication of polio, programmatic alignment with the SDGs and consolidation of WHO reform gains at all levels of the Organization.

The financing dialogue of recent years had improved the predictability of funding but not its flexibility or sustainability. On 19 July 2016, the Director-General had written to all Member States asking them to consider an increase in their assessed contributions in the 2018–2019 programme budget. At present, less than 30% of the budget was financed from assessed contributions. An increase in that figure would enable the Organization to use its resources more strategically, make longer-term programmatic decisions in line with the SDGs and improve the flexibility of its response to health emergencies.

The Director, Administration and Finance, described trends in budget levels and programme implementation of the European Region for the initial period of the Twelfth General Programme of Work (2014–2019). The proposed programme budget for 2018–2019 showed an increase of 7.6% over the current biennium, which was largely attributable to the WHO Health Emergencies Programme. The top three priorities identified by Member States for the 2018–2019 biennium were noncommunicable diseases, health services and tuberculosis.

The prospects for the financing of the proposed budget for 2018–2019 were uncertain. According to current projections, it appeared likely that financing would be available for 48% of the proposed budget, with considerable reliance on a few major donors, a high proportion of earmarked funding, and some remaining pockets of poverty. Unknown factors, such as potential cuts in the financing of UNAIDS and uncertainty with regard to the amount of voluntary funding received for environment and health activities, might change the figures further.

The Regional Committee welcomed the opportunity to discuss the proposed programme budget at an early stage of the budgeting process and requested more details about the rationale behind the proposed changes in priority for funding. One representative expressed reservations about the large increase in the budget for health emergencies compared with other important programmes, including those related to implementation of the SDGs.

The increase in the global budget for activities to combat antimicrobial resistance was welcomed, although the figure for the European Region had been reduced by 11%.

Concerns were expressed with regard to the proposed reduction in the budget allocation for activities related to transparency, accountability and risk management at corporate level. Representatives queried the proposed cuts in the areas of environment and health and promoting health through the life-course for the European Region, citing the importance for the attainment of the SDGs. More funding should be allocated to activities related to vaccine-preventable diseases and new medicines. Collaboration

between WHO's Tobacco Free Initiative and the work of the WHO FCTC Secretariat should be further highlighted in the proposed programme budget for the 2018–2019.

The proposed increase in assessed contributions was supported by some Member States, despite the fact that the amount of the increase had not been specified. The Secretariat should prepare financial scenarios for various levels of increase and a zero-growth scenario. Several representatives said that, instead of asking for an increase, the Secretariat should make more strategic use of existing assessed contributions, remedy inefficiencies in its work and reassess programme priorities.

The Assistant Director-General, General Management, responding to the points made, said that, if the budget for one area of activity was increased, the budget for another area must necessarily be reduced. In some cases, WHO had cut down on activities that were also conducted by other actors, and repositioned its work on policy and strategic advice, including in child immunization programmes, which were delivered by Gavi – the Vaccine Alliance and UNICEF.

While the budget for transparency, accountability and risk management had been considerably reduced, the budget for other activities contributing to transparency had been slightly increased. Funding had been allocated to activities that actively promoted transparency and accountability, such as the programme budget web portal, the procurement strategy and preparation for membership of the International Aid Transparency Initiative.

The Director-General, while acknowledging the budgetary constraints faced by Member States, said that the Secretariat had to change the Organization's current funding situation, in which just 20 Member States contributed the lion's share of assessed contributions. Even then, those contributions covered only 20% of the budget. The proposed increase in assessed contributions, while relatively small in itself, would be a sign of Member States' commitment to the Organization.

The Regional Director thanked representatives for their comments, which would be duly taken into account. The reduction in the budget for environment and health activities was due, in part, to a reassessment of the amount of voluntary funding likely to be obtained in practice. She hoped that more funding would be forthcoming after the Sixth Ministerial Conference on Environment and Health in 2017. She referred to ongoing discussions on the possible increase in the budget for activities to combat antimicrobial resistance, particularly in relation to the surveillance system being set up in Member States in the eastern part of the Region.

Action plan for the prevention and control of noncommunicable diseases in the WHO European Region

(EUR/RC66/11, EUR/RC66/11 Add.1, EUR/RC66/Conf.Doc./7)

The Assistant Director-General, Noncommunicable Diseases and Mental Health, introducing the draft action plan for the prevention and control of noncommunicable diseases in the WHO European Region, gave an overview of the work and key events since the adoption of the Moscow Declaration at the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control in 2011. During that period, the efforts of WHO had gained trust and respect at the highest political level, which recognized the Organization as the lead agency in the fight against NCDs.

The Acting Head, NCD Project Office, Moscow, said that trends in overall premature NCD mortality in the European Region were encouraging but the overall picture masked significant differences within and between countries and population groups. The Region was, for the most part, on track for reaching global targets but national and gender-based variations were considerable. She gave an overview of research conducted to gain a better understanding of the role of prevention, treatment and risk factors in the decline of coronary heart disease. She also described the developments that had taken place since the endorsement of the Action Plan for Implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016. The structure and priorities of the draft action plan were similar to the previous one, with some additional elements incorporated in the light of new evidence. The best buys had been updated and the range of risk factors had been broadened, taking account of regional specificities. In the development of the new instrument, existing strategies and action plans had been assessed carefully in order to avoid duplication and to ensure a whole-of-Organization approach. The new plan echoed the original vision of a health-promoting Europe free of preventable NCDs, premature deaths and avoidable disability.

A representative of the Twenty-third SCRC expressed support for the proposed Action plan, noting the continuity of structure with the previous plan and the effort to continue to link back to the European Strategy for the Prevention and Control of Noncommunicable Diseases adopted in 2006. The extensive efforts made to ensure coherence with other relevant regional and international commitments and the evidence-based nature of the document were commendable. He welcomed the broadening of risk factors and the inclusion of other NCDs that caused great disability or shared risks with the four major NCDs.

In the ensuing discussion, representatives expressed broad support for the proposed Action plan, which was a useful tool to support national policy-making. The value of complementing global instruments with context-specific national and regional plans was noted. Participants also welcomed the link to the broader global health and development agendas, as well as the inclusion of mental, oral and musculoskeletal health and air pollution.

Alcohol and tobacco use, coronary heart disease and obesity, in particular childhood obesity, were highlighted as major health challenges. A coordinated whole-of-government and whole-of-society response, alignment with regional and international instruments and the engagement of civil society were crucial to address NCDs. Participants described national action plans, strategies and legislation aimed at preventing and controlling NCDs and welcomed the valuable support they had received from the Regional Office. The effectiveness of standardized cigarette packaging, the life-course approach, and the promotion of healthy, active lifestyles, healthy nutrition and healthy ways to deal with stress were particularly important.

One participant said that his country would use the opportunity presented by its forthcoming European Union presidency to add momentum to regional efforts to combat obesity. Information was shared on national diabetes, cancer and addiction strategies; road safety measures; and research and assessments. The value of strict regulatory frameworks, adopted collectively and enforced throughout the Region, was underscored. One participant drew attention to the importance of promoting healthy consumer habits, which in some cases might obviate the need to regulate. Participants noted the progress made in eastern Europe and central Asia following the establishment of the geographically dispersed office for NCDs in Moscow, Russian Federation.

Clarification was requested on the added value of a regional plan compared with the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020, and concerns were expressed that the link between the two was not clearly defined. A more strategic, rational and coherent approach to developing regional strategies and action plans was needed to make best use of resources and to avoid duplication. Greater emphasis should be placed on new, emerging evidence of the epigenetic influence of endocrine disruptors; the health risk posed by air pollution; the importance of early action; and the value of addressing the four major NCDs jointly.

The Food Safety and Consumer Protection Officer, FAO, giving an overview of the strategic objectives of her Organization, said that poor dietary quality was a key risk factor in the Region. Concerted efforts were required to promote healthy diets, educate consumers about nutrition and promote nutrition-sensitive, sustainable agriculture and food systems. FAO collaborated with WHO at the global, regional and local levels on tackling antimicrobial resistance from an agricultural and food chain perspective; school nutrition programmes; capacity-building for the prevention and control of zoonotic and foodborne diseases; promotion of consumer protection, health and well-being; promotion of fair trade practices; and food safety.

A statement was made by the representative of the International Federation of Medical Students' Association, also speaking on behalf of Alzheimer's Disease International, Council of Occupational Therapists for European Countries, European Heart Network, European Public Health Alliance, European Respiratory Society, International Association for Hospice and Palliative Care, Medicus Mundi International, World Federation of Occupational Therapists and Worldwide Hospice Palliative Care Alliance. Written statements were submitted by the European Heart Network, European Respiratory Society, International Diabetes Federation Europe, International Federation of Medical Students' Associations, International Society of Nephrology, NCD Alliance, Standing Committee of European Doctors, Union for International Cancer Control, World Cancer Research Fund, World Confederation for Physical Therapy, World Federation of Occupational Therapists and World Stroke Organization.

The Director, Noncommunicable Diseases and Promoting Health through the Life-course, thanked participants for their support. He commended Germany's exemplary Preventive Health Care Act and encouraged other Member States to use it as a model. He also praised the accelerated progress made in NCD prevention following the establishment of the NCD Project Office in Moscow, Russian Federation. The global and regional NCD action plans were intimately linked and complementary. The draft regional action plan carried no new reporting requirement, as it responded to existing targets and indicators. Its value resided in the difference in NCD profile between the European Region and other WHO regions; the instrument would facilitate the identification of effective interventions specific to the regional context. It also introduced new elements, such as air pollution, that were not reflected in the global plan. He commended Member States for their excellent national efforts to combat NCDs and thanked those who cooperated as donors. Endorsing the priorities and measures recommended by participants, he commended the incoming European Union Presidency for the commitment to lead regional efforts to combat chronic diseases and thanked nongovernmental organizations for their useful input on the development of the new draft action plan.

The Committee adopted resolution EUR/RC66/R11.

Progress reports

(EUR/RC66/16, EUR/RC66/18, EUR/RC66/23)

The Executive President noted, with regard to programme budget category 4 (Health systems), that the midterm progress report on implementation of the European Action Plan for Strengthening Public Health Capacities and Services (document EUR/RC66/19) had been considered by the Regional Committee under agenda item 5(b) on the midterm progress report on Health 2020 implementation and the way forward. Similarly, with regard to category 6 (Corporate services and enabling functions), a progress report on accountability, compliance and audit (document EUR/RC66/21) had been presented to and discussed by the Regional Committee under agenda item 5(l) on WHO reform. Progress reports linked to categories 1 and 5 would be considered together, followed by those related to category 2 and category 3.

Categories 1 (Communicable diseases) and 5 (Preparedness, surveillance and response)

The Regional Committee took note of the final progress report on implementation of the European Action Plan for HIV/AIDS 2012–2015 (resolution EUR/RC61/R8); the progress report on renewed commitment to elimination of measles and rubella and prevention of congenital rubella syndrome by 2015 and sustained support for polio-free status in the WHO European Region (resolution EUR/RC60/R12); the final progress report on malaria elimination in the WHO European Region (resolution EUR/RC52/R10); and the progress report on implementation of the European strategic action plan on antibiotic resistance (resolution EUR/RC61/R6).

On the issue of antimicrobial resistance, representatives expressed the hope that countries in the Region would drastically change their practices in the use of antimicrobials in human and animal health, and improve surveillance. Tackling antimicrobial resistance required a multisectoral and inclusive One Health approach. One speaker suggested that an interministerial commission chaired by the prime minister could be a pragmatic tool for ensuring such an approach. The representative of the country that had chaired the Council of the European Union in the first six months of 2016 reported that Council members had agreed to increase mutual accountability for actions taken to counter the rise of antimicrobial resistance. A high-level meeting on antimicrobial resistance, to be held on 21 September 2016 during the 71st session of the United Nations General Assembly, would bring the issue to the attention of heads of state and government. The topic would be a key feature of another country's term as chair of the Group of Twenty major economies from December 2017.

One representative expressed support for the measures outlined in the progress report to eliminate measles and rubella. Particular attention should be paid to working with hard-to-reach groups such as migrants and to conducting continuous, targeted information campaigns.

Category 2 (Noncommunicable diseases)

The Regional Committee took note of the final progress report on the Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016 (resolution EUR/RC61/R3) and the progress report on implementing the WHO European Declaration and Action Plan on the Health

of Children and Young People with Intellectual Disabilities and their Families (resolution EUR/RC61/R5).

Category 3 (Promoting health through the life-course)

The Regional Committee took note of the interim progress report on implementation of the Strategy and Action Plan for Healthy Ageing in Europe, 2012–2020 (resolution EUR/RC62/R6); the final progress report towards the health-related Millennium Development Goals in the WHO European Region (resolution EUR/RC57/R2); and the progress report on the European Environment and Health Process.

One representative thanked the Government of France for organizing the Second Global Conference on Health and Climate (Paris, 7–8 July 2016). Another speaker believed that the governance of the European Environment and Health Process needed to be streamlined; the Process itself should be closely linked to the governing bodies on both the environment and the health sides. The Secretariat was thanked for organizing a first exchange of views on that subject. Close alignment with the 2030 Agenda for Sustainable Development would provide the Process with legitimacy and continued relevance. The outcome document of the Sixth Ministerial Conference on Environment and Health, to be held in 2017, should contain a limited number of actionable commitments.

The Deputy Director, Regional Office for Europe, UNEP, reported that the issue of health and environment had been particularly prominent at the second session of the United Nations Environment Assembly in May 2016. The Regional Office could count on UNEP's support for and valuable inputs to the European Environment and Health Process. UNEP recognized the Process as a platform that promoted integration and intersectoral collaboration and which served as a model for other regions as they strove to implement the 2030 Agenda and the SDGs.

Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region

(EUR/RC66/12, EUR/RC66/12 Add.1, EUR/RC66/Conf.Doc./8 Rev.1)

A video presentation was made.

The Director, Information, Evidence, Research and Innovation, introducing the draft action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region, said that the time had come to ensure that evidence from all relevant sectors was integrated into the implementation of Health 2020. To that end, the European Health Information Initiative enabled all countries in the Region to tap into evidence and research and to discuss – on an equal footing – all issues pertaining to evidence. The draft action plan had been drafted in a process of extensive discussions in many different forums and was the first of its kind to be elaborated by WHO. A similar plan had been called for at the global level; the European Region would act as a trailblazer. The goal of the draft action plan was clear: to consolidate, strengthen and promote the generation and use of multidisciplinary and intersectoral evidence, through existing policy frameworks such as Health 2020 and the 2030 Agenda for Sustainable Development. While there had long been the assumption that global evidence could be adapted for local decision-making, that was not always the case. Countries therefore needed evidence from their own health systems.

Implementation of the draft action plan, which set out six key areas of action for Member States and four for the Regional Office, would represent an expression of commitment to leave nothing to chance when formulating and implementing policies.

A member of the Twenty-third SCRC said that the draft action plan and draft resolution proposed an innovative and comprehensive response to the challenge of enhancing the use of evidence, information and research in health policy-making. The European Health Information Initiative, the Central Asian Republics Health Information Network, the Evidence-informed Policy Network and the Health Evidence Network would serve as vehicles to catalyse the implementation of the plan at the regional and country levels. Implementation of the draft action plan would enable the Health 2020 targets and the SDGs to be met in a timely and effective manner and ensure that health information and research findings were incorporated into policies and actions.

Representatives of Member States took the floor to welcome the draft action plan and shared examples of their efforts and methods to gather data and evidence and to encourage its use as the foundation for health policy-making. The use of evidence would be the key to ensuring the timely attainment of the SDGs and the targets set in the context of Health 2020. The draft action plan's focus on e-health and health information systems was particularly welcome. Care must be taken to harmonize and rationalize the collection of data between WHO, the European Commission and the OECD to minimize the burden on Member States. They expressed their commitment to implementing the draft action plan, and hoped that other regions would follow suit.

A written statement was submitted by the Standing Committee of European Doctors.

The Rapporteur announced a proposed amendment to the second preambular paragraph, to read "such as the European Union, the Organisation for Economic Co-operation and Development and the Commonwealth of Independent States" after "other relevant partners".

The Regional Committee adopted Resolution EUR/RC66/R12, as amended.

Confirmation of dates and places of future sessions of the WHO Regional Committee for Europe

(EUR/RC66/Conf.Doc./3)

The Committee adopted resolution EUR/RC66/R13, by which it confirmed that the 67th session would be held in Budapest, Hungary, from 11 to 14 September 2017 and decided that the 68th session would be held in Italy (in a location to be decided) from 17 to 20 September 2018, the 69th session would be held in Copenhagen, Denmark, from 16 to19 September 2019 and the 70th session would be held in 2020 (exact dates and location to be decided).

Closure of the session

A representative of one Member State, speaking on behalf of all those present, proposed a resolution of thanks to the Regional Director and her staff for the miracles they had wrought in bringing the session to a successful conclusion. Deep appreciation was expressed to the Government and the Minister of Health of Denmark for hosting the

session, and to all representatives of Member States, partner organizations and civil society for their active participation in the work of the Committee.

Resolutions

EUR/RC66/R1. Report of the Regional Director on the work of WHO in the European Region 2014–2015

The Regional Committee,

Having reviewed the Regional Director's report on the work of WHO in the European Region in 2014–2015 and the related document on implementation of the 2014–2015 programme budget;[1]

1. THANKS the Regional Director for the report;

2. EXPRESSES its appreciation of the work done by the Regional Office in the 2014–2015 biennium;

3. REQUESTS the Regional Director to take into account and reflect the suggestions made during the discussions at the 66th session when developing the Organization's programmes and carrying out the work of the Regional Office.

EUR/RC66/R2. Report of the Twenty-third Standing Committee of the Regional Committee for Europe

The Regional Committee,

Having reviewed the report of the Twenty-third Standing Committee of the Regional Committee;[2]

1. THANKS the Chairperson and the members of the Standing Committee for their work on behalf of the Regional Committee;

2. INVITES the Standing Committee to pursue its work on the basis of the discussions held and resolutions adopted by the Regional Committee at its 66th session;

3. REQUESTS the Regional Director to take action, as appropriate, on the conclusions and proposals contained in the report of the Standing Committee, taking fully into account the proposals and suggestions made by the Regional Committee at its 66th session, as recorded in the report of the session.

[1] Documents EUR/RC66/5 and EUR/RC66/Inf.Doc./1.
[2] Documents EUR/RC66/4 and EUR/RC66/4 Add.1.

EUR/RC66/R3. The Minsk Declaration on the Life-course Approach in the Context of Health 2020

The Regional Committee,

Acknowledging the Minsk Declaration on the Life-course Approach in the Context of Health 2020 for reinforcing work on the Twelfth General Programme of Work 2014–2019 and all categories of the work of WHO;

Recalling resolution EUR/RC62/R4, adopting Health 2020: a European policy framework supporting action across government and society for health and well-being,[3] in which the life-course approach is the first priority area;

Recalling the adoption of Transforming our world: the 2030 Agenda for Sustainable Development, which established the Sustainable Development Goals (SDGs), and its targets under Goal 3 and targets tackling wider health determinants;[4]

Noting that the life-course approach requires whole-of-government commitment to early, appropriate, timely and collective action to promote and protect health and well-being through various developmental phases and critical transitions in life;

Further noting that the life-course approach confers benefits to the whole population across the lifespan, as well as benefits accruing to future generations;

Having considered the outcome of the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020, the Minsk Declaration on the Life-course Approach in the Context of Health 2020, adopted in Minsk, Belarus, in October 2015;

Understanding that this resolution reinforces the implementation of the Health 2020 policy framework and is therefore expected to remain in force until 2020;

Understanding that this resolution does not replace any previous Regional Committee resolutions;

1. TAKES NOTE, with appreciation, of the Minsk Declaration on the Life-course Approach in the Context of Health 2020;

2. URGES Member States:[5]

   (a) to make greater use of the life-course approach as a basis for assessing and monitoring the effectiveness of policies and programmes, for defining vulnerability and groups in need, and for the selection and delivery of high-impact interventions;

[3] Document EUR/RC62/9.
[4] United Nations General Assembly resolution A/RES/70/1.
[5] And, where applicable, regional economic integration organizations.

3. REQUESTS the Regional Director:

(a) to make greater use of the life-course approach in needs assessments, selection of priorities, monitoring, evaluation and reporting at the regional level;

(b) to pursue the aims and promote the values of the Minsk Declaration in partnership with all relevant stakeholders.

EUR/RC66/R4. Towards a roadmap to implement the 2030 Agenda for Sustainable Development in the WHO European Region

The Regional Committee,

Reaffirming the importance of the adoption of Transforming our world: the 2030 Agenda for Sustainable Development,[6] recognizing that the Sustainable Development Goals (SDGs) and targets are integrated and indivisible, balance the three dimensions of sustainable development (economic, social and environmental), seek to achieve gender equality and the empowerment of women and girls, and are global in nature and universally applicable, taking into account different national realities, capacities and levels of development and respecting national policy space and priorities;

Reaffirming that Health 2020, the European policy framework for health and well-being, and the WHO global and regional strategies and action plans relating to health, health systems and public health are tools for implementing the 2030 Agenda, and that the 2030 Agenda provides a renewed commitment and a more integrated and multisectoral approach to Health 2020;

Acknowledging resolutions WHA66.11 (2013), WHA67.14 (2014), WHA69.11 and WHA69.1 (2016), which build on the importance of health and well-being as indispensable requirements for sustainable development, asserting that health is not only an end in itself, but a means for achieving other goals and targets of the 2030 Agenda, and noting that investments in health contribute to economic growth, stronger human capital and labour productivity, while acknowledging the reciprocal benefits between the attainment of SDG3 and the achievement of all other SDGs;

1. CALLS UPON Member States:[7]

(a) to mutually take advantage of Health 2020 and the 2030 Agenda for Sustainable Development, building on national circumstances and needs;

(b) to include a strong health component in national development plans for the implementation of the 2030 Agenda and to develop evidence-informed national health policies, strategies and plans in line with Health 2020;

(c) to develop country-specific targets, including health targets, and appropriate national accountability mechanisms for regular monitoring and review of progress towards the goals and targets of the 2030 Agenda;

[6] United Nations General Assembly resolution A/RES/70/1.
[7] And, where applicable, regional economic integration organizations.

(d) to scale up national and local governance for health and well-being, to ensure policy coherence, community engagement, intersectoral action for health and health-in-all policies approaches;

(e) to reduce health inequities, in particular through the empowerment of women and girls;

(f) to strengthen the mobilization and effective use of national resources for health and well-being in the 2030 Agenda, supplemented by international assistance where appropriate;

(g) to engage, at all levels, intergovernmental and nongovernmental organizations, user, family and professional associations, major groups and national parliaments to advocate and promote the health aspects of the 2030 Agenda;

(h) to explore regional and international cooperation on science, technology and innovation to enhance knowledge sharing on health and development;

2. REQUESTS the Regional Director:

(a) to support Member States, through a core package of SDG-related technical resources, in the development, revision and implementation of national development plans and health strategies and plans, and to support priority setting;

(b) to enhance health information in close coordination with, and mindful of, national, regional and international initiatives in this area, including through evidence-informed policy networks, and to strengthen the science-policy interface for evidence-informed decision-making;

(c) to strengthen collaboration with partners and stakeholders, in line with SDG17, including through an issue-based coalition on health and well-being to support Member States in the implementation of the health-related targets of the SDGs;

(d) to develop a roadmap for the implementation of the 2030 Agenda for Sustainable Development in consultation with Member States, major groups and stakeholders as part of that process, for submission to the Regional Committee at its 67th session in 2017.

EUR/RC66/R5. Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery

The Regional Committee,

Recalling the Declaration of Alma-Ata (1978), adopted at the International Conference on Primary Health Care (Almaty, Kazakhstan, 1978);

Recalling the Ljubljana Charter on Reforming Health Care in Europe, adopted at the WHO European Conference on Health Care Reforms (Ljubljana, Slovenia, 1996);

Recalling resolution EUR/RC58/R4 endorsing the Tallinn Charter: Health Systems for Health and Wealth, adopted at the WHO European Ministerial Conference on Health Systems (Tallinn, Estonia, 2008);

Recalling resolutions EUR/RC62/R4 and EUR/RC62/R5 endorsing Health 2020: a European policy framework supporting action across government and society for health and well-being and the European Action Plan for Strengthening Public Health Capacities and Services, respectively;[8]

Recalling the resolution adopting Transforming our world: the 2030 Agenda for Sustainable Development[9] (2015) and the Sustainable Development Goal (SDG) framework, including SDG3 (Ensure healthy lives and promote well-being for all at all ages) and particularly SDG target 3.8 (Achieve universal health coverage);

Noting the concurrent resolutions on the Global strategy on human resources for health: workforce 2030[10] and the Framework on integrated, people-centred health services, [11] adopted by the Sixty-ninth World Health Assembly in May 2016;

Noting resolution EUR/RC65/R5 requesting the Regional Director to develop a framework for action on coordinated/integrated health services delivery for submission to the 66th session of the Regional Committee in September 2016;

Noting the concurrent development of the Action plan for the prevention and control of noncommunicable diseases in the WHO European Region, the Strategy on women's health and well-being in the WHO European Region, the Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind, the Action plan for the health sector response to HIV in the WHO European Region and the Action plan for the health sector response to viral hepatitis in the WHO European Region[12] in an effort to coordinate and complement actions at the regional level;

Acknowledging the need to transform health services delivery to a people-centred approach to improve health outcomes taking into account changes in the European Region, such as an ageing population, the double burden of communicable and noncommunicable diseases, technological advances and economic pressures;

Acknowledging the efforts to transform health services delivery and the launch of the Roadmap: strengthening people-centred health systems in the WHO European Region: a framework for action towards coordinated/integrated health services delivery at the high-level meeting on Health systems for health and wealth in the context of Health 2020 (Tallinn, Estonia, 2013);

1. ENDORSES Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery,[13] which focuses on

[8] Documents EUR/RC62/9 and EUR/RC62/12 Rev.1, respectively.
[9] United Nations General Assembly resolution A/RES/70/1.
[10] Resolution WHA69.19 and document A69/38.
[11] Resolution WHA69.24 and document A69/39.
[12] Documents EUR/RC66/11, EUR/RC66/14, EUR/RC66/13, EUR/RC66/9 and EUR/RC66/10, respectively.
[13] Document EUR/RC66/15.

the comprehensive delivery of quality services across the life-course to tackle upstream causes of ill health and to promote well-being through intersectoral action and a public health approach;

2. URGES Member States:[14]

(a) to work in partnership, with communities, individuals, patients, their family members and carers, in order to empower populations to develop health-promoting behaviours and to engage individuals to actively control their own health, while collectively tackling the up-stream determinants of health to overcome existing barriers caused by gender inequalities, socioeconomic conditions, political choices and other forms of inequalities based on migration status, sexual orientation, gender identity, ethnicity, religion, age or disability;

(b) to reorient the design of services along a continuum of care and life-course approach prioritizing the integration of primary health care, community-based services and hospitals by facilitating the transition of patients, organizing providers in multidisciplinary teams, coordinating providers along pathways of care, adjusting the scope of practice of providers, implementing output-based management, distributing leadership to front-line managers and establishing continuous performance improvement mechanisms for better quality of care; optimizing the performance of health services delivery in alignment with the health needs and determinants of health of those populations and individuals it aims to serve;

(c) to create health system conditions to allow services delivery to perform optimally in terms of quality, effectiveness and efficiency and the overall improvement of health outcomes, enabling a sustainable system-wide change by rearranging the accountability mechanism, aligning incentives, preparing a competent workforce, promoting the responsible use of medicines, innovating health technologies and rolling out e-health;

(d) to strategically lead and manage the change process at the different stages of transforming health services delivery by setting a clear direction, developing and engaging partners, and piloting, rolling out and sustaining innovations that conform to the health needs of the population;

3. CALLS ON international, intergovernmental and nongovernmental organizations, including patient and family associations and professional associations, to support the implementation of the European framework for action on integrated health services;

4. REQUESTS the Regional Director:

(a) to continue to provide leadership in the field of integrated health services delivery in collaboration with partners;

(b) to further develop the integration of primary health care with public health, hospitals, and social care;

(c) to support Member States in their efforts to transform their health services delivery in line with the vision, strategic approach, goals and priority areas for action set out in the European framework for action on integrated health services, including the continued development of tools and resources that supports implementation;

[14] And, where applicable, regional economic integration organizations.

(d) to monitor the implementation of the European framework for action on integrated health services delivery and report on progress to the Regional Committee every five years, commencing with its 70th session in 2020.

EUR/RC66/R6. Strategy and action plan for refugee and migrant health in the WHO European Region

The Regional Committee,

Having considered the Strategy and action plan for refugee and migrant health in the WHO European Region;[15]

Recalling Health 2020, the European health policy framework, adopted in 2012[16] and the 2030 Agenda for Sustainable Development adopted in September 2015;[17]

Recalling resolution WHA61.17 on the health of migrants and other international instruments guiding a response;

Considering that migration and the causes of migration are long-term phenomena mainly outside of the control of the health sector, requiring responses that are comprehensive, proportionate, systematic and intersectoral;

Noting Stepping up action on refugee and migrant health, the outcome document of the High-level Meeting on Refugee and Migrant Health held in Rome, Italy, in November 2015, calling for short- and long-term public health interventions aimed at protecting and promoting the physical and mental health of refugees, asylum seekers and migrants, as well as that of host communities;

Affirming the need to strengthen collaboration among the key stakeholders within the health sector, as well as intersectoral action with other sectors that are involved in the management of migration and whose interventions and policies have public health implications, using whole-of-government, whole-of-society and health-in-all-policies approaches;

1. ADOPTS the Strategy and action plan for refugee and migrant health in the WHO European Region;

2. CALLS UPON Member States:[18]

(a) to promote inclusion of health issues of migrants, asylum seekers and refugees in the development of countrywide health policies, strategies and plans, in accordance with national legislation; and with a special focus on persons in vulnerable situations, such as unaccompanied children, young girls, pregnant women, disabled persons and the elderly;

[15] Document EUR/RC66/8.
[16] Resolution EUR/RC62/R4.
[17] United Nations General Assembly resolution A/RES/70/1.
[18] And, where applicable, regional economic integration organizations.

(b) to promote, within the context of the Sustainable Development Goals and Health 2020, intersectoral health policy development sensitive to the needs of refugees, asylum seekers and migrants across key stakeholders and sectors, within a human rights framework, including responding to the social determinants of health, and to further public health and health systems strengthening in that regard;

(c) to strengthen when necessary health information, identify major challenges to health associated with migration, analyse and assess needs, explore evidence-informed policy options and approaches and gender-sensitive and tailored efforts, including measures directed at persons in vulnerable situations, such as unaccompanied children, pregnant women, disabled persons and the elderly;

(d) to work collaboratively within the region and in accordance with intersectoral national approaches to reduce mortality and morbidity among refugees and migrants;

3. REQUESTS the Regional Director:

(a) to support Member States, through policy advice and technical assistance, to implement the Strategy and action plan for refugee and migrant health in the WHO European Region;

(b) to assist Member States to carry out effective surveillance of public health circumstances and risks affecting refugees, asylum seekers and migrants, as well as host populations, and to promote a broader understanding through data sharing, communication and advocacy;

(c) to develop tools and guidelines, with gender-sensitive and tailored approaches to persons in vulnerable situations, such as unaccompanied children, young girls, pregnant women, disabled persons and the elderly, for health services delivery, organizational management and governance of health services for refugees, asylum seekers and migrants;

(d) to promote cooperation between countries on the health of refugees, asylum seekers and migrants with a special focus on strengthening collaboration where possible among countries of origin, transit and destination, including the exchange of health information;

(e) to promote collaboration and coordination on the health of refugees, asylum seekers and migrants across WHO Regions and in partnerships between WHO and other agencies, including the Office of the United Nations High Commissioner for Refugees, the European Commission, the International Organization for Migration and nongovernmental organizations in the field of migration and public health;

(f) to monitor implementation of national policies and regulations and the Strategy and action plan for refugee and migrant health in the WHO European Region, and to report to the 68th, 70th and 72nd sessions of the Regional Committee for Europe in 2018, 2020 and 2022, respectively.

EUR/RC66/R7. Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind

The Regional Committee,

Having considered the Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind;[19]

1. ADOPTS the Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind;

2. URGES Member States:[20]

   (a) to implement the Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind and reduce the burden of ill health of their populations, giving particular attention to vulnerable, disadvantaged and hard-to-reach groups;[21]

3. REQUESTS the Regional Director:

   (a) to support Member States in the implementation of the Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind;

   (b) to report to the Regional Committee at its 69th and 72nd sessions in 2019 and 2022, respectively, on the implementation of the Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind.

EUR/RC66/R8. Strategy on women's health and well-being in the WHO European Region

The Regional Committee,

Having reviewed the Strategy on women's health and well-being in the WHO European Region[22] and the evidence and vision it puts forward on women's health and well-being throughout the life-course;

Recalling resolution EUR/RC62/R4 on Health 2020 – the European policy framework for health and well-being,[23] adopted in 2012, supporting action across

[19] Document EUR/RC66/13, as amended.
[20] And, where applicable, regional economic integration organizations.
[21] In this Action plan, "vulnerable, disadvantaged and hard-to-reach groups" are defined as "people who may have difficulty accessing sexual and reproductive health services, including adolescents, people who are unmarried, people with socioeconomic disadvantage, people living in institutions, migrants and asylum seekers, people living with HIV, people with disabilities, lesbian, gay, bisexual, transsexual and intersexual people, people who inject drugs, and people engaged in sex work".
[22] Document EUR/RC66/14.
[23] Document EUR/RC62/9.

government for the attainment of better and more equitable health and well-being for all;

Recalling resolution WHA67.15 on strengthening the role of the health system in addressing violence, in particular against women and girls, and against children;

Recalling resolution WHA60.25 on the strategy for integrating gender analysis and actions into the work of WHO;

Reaffirming the commitments made in the Convention on the Elimination of All Forms of Discrimination against Women,[24] the Programme of Action of the International Conference on Population and Development, and the Beijing Platform for Action;[25]

Recognizing that some targets under the Sustainable Development Goals (SDGs), in particular SDG3 on ensuring healthy lives and promoting the well-being for all at all ages cannot be achieved without addressing all targets under SDG5 on achieving gender equality and empowering all women and girls;[26]

Bearing in mind the Global strategy for women's, children's and adolescents' health (2016–2030) and the WHO operational plan guiding its implementation;[27]

Acknowledging that reproductive health is an important part of women's health and well-being as defined in the Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind,[28] and that women's health priorities go beyond women's reproductive role;

Understanding that this resolution does not replace any existing Regional Committee resolutions and that the expected lifespan of the resolution is 2017–2022;

1. ADOPTS the Strategy on women's health and well-being in the WHO European Region;

2. URGES Member States:[29]

(a) to develop and implement strategies and policies that advance the health and well-being of women at the subnational, national and international levels and to promote the participation of women in decision-making as agents of change;

(b) to improve health system capacity and responses to women's health and well-being through gender-transformative policies and practices;

(c) to consider the impact of gender and socioeconomic inequalities on women's health and well-being throughout their lives;

(d) to strengthen the disaggregation of data and gender analysis and research relevant for women's health and well-being;

[24] United Nations General Assembly resolution A/RES/34/180.
[25] United Nations General Assembly resolution A/RES/50/42.
[26] United Nations General Assembly resolution A/RES/70/1.
[27] Document A69/16 and resolution WHA69.2.
[28] Document EUR/RC66/13.
[29] And, where applicable, regional economic integration organizations.

(e) to facilitate the development of intersectoral collaboration and structures to eliminate discriminatory norms and practices and tackle the impact of gender and social, economic, cultural and environmental determinants of women's health and well-being;

(f) to prevent and combat all forms of violence against women and girls, including domestic violence, and to implement resolution WHA69.5 adopting the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children;

3. REQUESTS the Regional Director:

(a) to provide technical support to Member States in prioritizing and implementing the actions identified in the Strategy on women's health and well-being in the WHO European Region and in data collection and analysis for women's health and well-being;

(b) to promote country leadership for women's health and well-being and to provide technical guidance and capacity-building for mainstreaming gender-responsive actions in national and subnational policies and strategies;

(c) to promote and maintain partnerships with international, intergovernmental and nongovernmental organizations on women's health and well-being for strengthened policy coherence and effective assistance to countries;

(d) to monitor progress towards improved women's health and well-being in the European Region on the basis of already existing monitoring and accountability systems, and to report on such progress to the Regional Committee at its 69th and 72nd sessions in 2019 and 2022, respectively;

(e) to ensure that future strategies and action plans for the European Region developed by the Regional Office address gender inequalities and the impact of gender as a determinant of health and well-being.

EUR/RC66/R9. Action plan for the health sector response to HIV in the WHO European Region

The Regional Committee,

Having considered the Action plan for the health sector response to HIV in the WHO European Region;[30]

Recognizing the importance of responding to HIV within the framework of Health 2020 – the European policy framework,[31] adopted in resolution EUR/RC62/R4 in 2012, to improve health and well-being in the Region and to reduce health inequalities;

Recalling the Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (2011) and the High-level Meeting on Ending AIDS (2016);[32]

Noting Transforming our world: the 2030 Agenda for Sustainable Development,[33] and the Sustainable Development Goals (SDGs), in particular SDG3 (Ensure healthy lives and promote well-being for all at all ages) and SDG target 3.3 (AIDS, tuberculosis, malaria, neglected tropical diseases, hepatitis, water-borne diseases and other communicable diseases), specifically calling for ending the AIDS epidemic as a public health threat;

Recalling resolution WHA64.14 adopting the Global health sector strategy on HIV/AIDS, 2011–2015 in 2011 and resolution WHA69.22 adopting the Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021 in 2016;

Reaffirming the continuing commitment of Member States to the Dublin Declaration on the Partnership to Fight HIV/AIDS in Europe and central Asia and the European Action Plan for HIV/AIDS 2012–2015 adopted in resolution EUR/RC61/R8 in 2011;

Recognizing the Tuberculosis Action Plan for the WHO European Region 2016–2020, the European Action Plan for Strengthening Public Health Capacities and Services, the European Child and Adolescent Health Strategy 2015–2020,[34] and the Tallinn Charter: Health Systems for Health and Wealth, adopted in resolution EUR/RC58/R4 in 2008;

Noting the concurrent development of the Action plan for the health sector response to viral hepatitis in the WHO European Region, the Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind, the Strategy on women's health and well-being in the WHO European Region, the Action plan for the prevention and control of

[30] Document EUR/RC66/9.
[31] Document EUR/RC62/9.
[32] United Nations General Assembly resolutions A/RES/65/277 and A/RES/70/228, respectively.
[33] United Nations General Assembly resolution A/RES/70/1.
[34] Adopted in resolutions EUR/RC65/R6, EUR/RC62/R5 and EUR/RC64/R6, respectively.

noncommunicable diseases in the WHO European Region and the Strategy and action plan for refugee and migrant health in the WHO European Region;[35]

Concerned about the continuing public health threat that HIV poses in the European Region, particularly the alarming increase in the number of newly diagnosed infections and increasing rates of AIDS and AIDS-related mortality in the eastern part of the Region, and the high proportion of people living with HIV who are unaware of their HIV status, are diagnosed at a late stage of infection, do not receive treatment, begin treatment at a late stage or do not achieve viral suppression;

Recognizing that HIV in the European Region disproportionately affects key populations, who are marginalized and stigmatized, experiencing policy and structural barriers in access to HIV prevention, treatment and care services, thereby exacerbating social and gender inequalities in many parts of the Region;

Acknowledging the need for strong health systems that provide accessible, affordable and high-quality, integrated, patient-centred health services, addressing high rates of coinfections, particularly tuberculosis and viral hepatitis, and other comorbidities;

Concerned about challenges related to sustainable financing, a decrease in external resources and the need for successful transition of HIV funding from international to domestic sources in some countries;

Concerned that the current pace of action is insufficient to reverse the HIV epidemic in the Region and that significant reformulation, innovation and acceleration of the response as well as a focus on evidence-based, high-impact interventions is urgently required on a broad scale in order to meet regional and global goals and targets, adapted to national priorities, legislation and specific contexts;

Recognizing that this resolution supersedes resolution EUR/RC61/R8 in which Member States adopted the European Action Plan for HIV/AIDS 2012–2015;

1. ADOPTS the Action plan for the health sector response to HIV in the WHO European Region, with its goal, targets and fast-track actions, as an urgent call to respond to the public health challenge presented by HIV;

2. URGES Member States:[36]

(a) to review, and where appropriate revise, national HIV strategies and targets based on the local epidemiological context and national strategic information informed by evidence-based operational monitoring and accountability mechanisms and guided by the Action plan for the health sector response to HIV in the WHO European Region;

(b) to prioritize key populations, women and girls in national HIV strategies to ensure full access to HIV prevention, testing and treatment services and to remove legislative and structural barriers through intersectoral collaboration and involvement of civil society, including people living with HIV;

[35] Documents EUR/RC66/10, EUR/RC66/13, EUR/RC66/14, EUR/RC66/11 and EUR/RC66/8, respectively.
[36] And, where applicable, regional economic integration organizations.

(c) to strengthen HIV prevention by promoting high-impact, evidence-based, cost-effective, comprehensive interventions and innovative tools, including pre-exposure prophylaxis, harm reduction services, innovative approaches to HIV testing, focusing on key populations, women and girls and by addressing social and gender inequalities;

(d) to define a package of services for people living with HIV, and ensure implementation of a set of interventions, including targeted HIV testing, treatment for all people living with HIV, and monitoring of treatment success, by promoting integrated, people-centred, community-based services to meet treatment coverage targets;

(e) to reinforce political commitment and ensure sustainable financing for HIV, particularly in countries transitioning from external to domestic resources, to secure affordable and sustained programmes;

3. REQUESTS the Regional Director:

(a) to support the implementation of the Action plan for the health sector response to HIV in the WHO European Region by providing leadership, strategic direction and technical guidance to Member States;

(b) to continue to work in partnership with international, regional and national partners to advocate for commitment and resources to strengthen and sustain the response to HIV;

(c) to identify and facilitate the exchange of best practices and experiences among Member States[37] and to produce evidence-informed tools for an effective HIV response;

(d) to monitor and report to the Regional Committee at its 69th and 72nd sessions in 2019 and 2022, respectively, on the implementation of the Action plan for the health sector response to HIV in the WHO European Region.

EUR/RC66/R10. Action plan for the health sector response to viral hepatitis in the WHO European Region

The Regional Committee,

Having considered the Action plan for the health sector response to viral hepatitis in the WHO European Region;[38]

Recognizing the importance of tackling viral hepatitis within the framework of Health 2020 – the European policy framework,[39] adopted in resolution EUR/RC62/R4 in 2012, to improve health and well-being in the Region and to reduce health inequalities;

Noting Transforming our world: the 2030 Agenda for Sustainable Development,[40] and the Sustainable Development Goals (SDGs), in particular SDG target 3.3 (AIDS,

[37] And, where applicable, regional economic integration organizations.
[38] Document EUR/RC66/10.
[39] Document EUR/RC62/9.
[40] United Nations General Assembly resolution A/RES/70/1.

tuberculosis, malaria, neglected tropical diseases, hepatitis, water-borne diseases and other communicable diseases) of SDG3 (Ensure healthy lives and promote well-being for all at all ages) specifically calling for combatting viral hepatitis;

Recalling resolutions WHA63.18 in 2010 and WHA67.6 in 2014 on viral hepatitis and resolution WHA69.22 in 2016 adopting the Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021, which requests Member States to strengthen national prevention and control programmes for viral hepatitis adapted to national priorities, legislation and specific contexts and also calls for improved public awareness;

Reaffirming resolution EUR/RC64/R5 adopting the European Vaccine Action Plan 2015–2020[41] in 2014 with its goal 3 to control hepatitis B infection through immunization, and resolution EUR/RC62/R5 endorsing the European Action Plan for Strengthening Public Health Capacities and Services[42] in 2012;

Acknowledging the concurrent development of the Action plan for the prevention and control of noncommunicable diseases in the WHO European Region, the Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind, the Strategy on women's health and well-being in the WHO European Region and the Action plan for the health sector response to HIV in the WHO European Region;[43]

Concerned that viral hepatitis, with increasing chronic viral hepatitis-related liver diseases, is a serious public health burden in the European Region that has not been addressed adequately;

Acknowledging that the challenges in developing quality-assured, laboratory-supported surveillance systems for viral hepatitis lead to low rates of detection and that the high cost of diagnostics and medicines for treatment of hepatitis B and C infection hampers equal access to services across the Region;

Concerned that viral hepatitis disproportionately affects specific at-risk populations who experience barriers to accessing health services, that access to comprehensive prevention and harm reduction services for people who inject drugs is limited in some countries, and that challenges persist in the prevention of health-care associated infections in several Member States;

Understanding that this resolution does not replace any existing Regional Committee resolutions;

1. ADOPTS the Action plan for the health sector response to viral hepatitis in the WHO European Region, with its goals and targets;

2. URGES Member States:[44]

(a) to align, as appropriate, their national viral hepatitis strategies and action plans with the Action plan for the health sector response to viral hepatitis in

[41] Document EUR/RC64/15 Rev.1.
[42] Document EUR/RC62/12 Rev.1.
[43] Documents EUR/RC66/11, EUR/RC66/13, EUR/RC66/14 and EUR/RC66/9.
[44] And, where applicable, regional economic integration organizations.

the WHO European Region, ensuring political commitment and resources required to combat the viral hepatitis epidemics;

(b) to strengthen public health systems for comprehensive viral hepatitis prevention and control interventions with a particular focus on: strengthening strategic information, including laboratory-supported surveillance; providing universal childhood hepatitis B immunization and increasing the rate of hepatitis B vaccination; and scaling up testing and treatment through sustained and affordable systems for diagnostics and treatment of hepatitis B and C;

(c) to ensure that prevention, treatment and care programmes target individuals most affected by viral hepatitis and at higher risk of transmission, based on the local epidemiological context;

(d) to address regulations and policies as well as discriminatory environments, that prevent access to comprehensive prevention, treatment and care of viral hepatitis;

3. REQUESTS the Regional Director:

(a) to support the implementation of the Action plan for the health sector response to viral hepatitis in the WHO European Region by providing leadership, strategic direction and technical guidance to Member States;

(b) to provide technical support for developing and implementing national action plans for viral hepatitis and support for further development of surveillance systems that will be able to evaluate the burden of and monitor the response to viral hepatitis in Member States;

(c) to facilitate partnerships with international, regional and national organizations, agencies and all relevant stakeholders in advocating for and scaling up response to viral hepatitis;

(d) to identify and facilitate the exchange of best practices and experiences among Member States[7] and to produce evidence-informed tools for an effective response to viral hepatitis;

(e) to monitor and report progress to the 69th and 72nd sessions of the Regional Committee in 2019 and 2022, respectively, on the implementation of the Action plan for the health sector response to viral hepatitis in the WHO European Region.

EUR/RC66/R11. Action plan for the prevention and control of noncommunicable diseases in the WHO European Region

The Regional Committee,

Having considered the Action plan for the prevention and control of noncommunicable diseases in the WHO European Region;[45]

Recalling the adoption of Transforming our world: the 2030 Agenda for Sustainable Development and reaffirming the Sustainable Development Goals (SDGs)[46]

[45] Document EUR/RC66/11.
[46] United Nations General Assembly resolution A/RES/70/1.

including inter alia SDG3 (Ensure healthy lives and promote well-being for all at all ages) and its specific and interlinked targets as well as other health-related SDGs and targets;

Recalling resolution WHA66.10, endorsing the Global action plan for the prevention and control of noncommunicable diseases 2013–2020;

Recalling resolution EUR/RC62/R4, adopting Health 2020: a European policy framework supporting action across government and society for health and well-being[47] that identifies noncommunicable diseases as a priority area;

Recalling resolution EUR/RC56/R2, adopting the European Strategy for the Prevention and Control of Noncommunicable Diseases[48] as a strategic framework for action by Member States in the European Region to implement in their national policies and engage in international cooperation;

Recalling resolution EUR/RC61/R3, concerning the Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016[49] as a strategic framework for action by Member States in the European Region;

Recalling the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases[50] (2011);

Recalling the time-bound national commitments included in the Outcome document of the high-level meeting of the United Nations General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases[51] (2014) and the need to strengthen national noncommunicable disease responses, in preparation for the third United Nations General Assembly High-level Meeting on Non-Communicable Diseases in 2018;

Noting the progress made in implementing the European Strategy for the Prevention and Control of Noncommunicable Diseases and to some extent, the reduction in noncommunicable disease-related premature mortality as well as the reduction of intercountry inequalities;

Noting the importance of reducing the burden of noncommunicable disease-related morbidity;

Noting with concern the threats still posed by adverse trends in population risk exposure, in health system barriers to the management of noncommunicable diseases, and in national capacity to prevent and control noncommunicable diseases;

Understanding that this resolution supersedes Regional Committee resolution EUR/RC61/R3 on the Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016;

[47] Document EUR/RC62/9.
[48] Document EUR/RC56/8.
[49] Document EUR/RC61/12.
[50] United Nations General Assembly resolution A/RES/66/2.
[51] United Nations General Assembly resolution A/RES/68/300.

1. WELCOMES the Action plan for the prevention and control of noncommunicable diseases in the WHO European Region;

2. URGES Member States:[52]

(a) to continue to strengthen their efforts as appropriate in achieving the time-bound national commitments included in the Outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases and report on their results at the third General Assembly High-level Meeting on Non-Communicable Diseases in 2018;

(b) to apply, based on national situations, the priority and supporting actions presented in the Action plan for the prevention and control of noncommunicable diseases in the WHO European Region in developing, implementing and evaluating national programmes for the prevention and control of noncommunicable diseases;

(c) to continue to prevent noncommunicable diseases throughout the life-course and to reduce inequalities by creating environments that support healthy behaviours;

(d) to set up, or strengthen, evidence-based noncommunicable disease early detection and management programmes including equitable access to primary health care within sustainable health systems;

(e) to strengthen commitments across society and build intersectoral alliances and networks, engaging relevant stakeholders and fostering citizen empowerment, including at the local level;

(f) to continue to support action through regular monitoring of progress in achieving the global voluntary noncommunicable disease targets and the relevant SDG targets, surveillance, evaluation and research;

3. REQUESTS the Regional Director:

(a) to support Member States in the implementation of the Action plan for the prevention and control of noncommunicable diseases in the WHO European Region;

(b) to pursue the aims of the Action plan, in partnership with international and intergovernmental organizations[8] and non-State actors;

(c) to monitor and report to the Regional Committee at its 68th, 72nd and 75th sessions in 2018, 2022 and 2025, respectively, on the implementation of the Action plan;

(d) to report on the midterm evaluation of the Action plan for the prevention and control of noncommunicable diseases in the WHO European Region to the Regional Committee at its 70th session in 2020.

[52] And, where applicable, regional economic integration organizations.

EUR/RC66/R12. Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region

The Regional Committee,

Having considered the Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region;[53]

Recognizing the need to systematically and effectively use and generate evidence, information and research, building on existing data, for the formulation of policies to improve the health of individuals and populations and coordinating efforts with other relevant partners such as the European Union, the Organisation for Economic Co-operation and Development and the Commonwealth of Independent States;

Recalling resolution WHA58.34 on the ministerial summit on health research to strengthen knowledge translation, and resolutions WHA58.28, WHA60.27 and WHA66.24 on strengthening health information systems as a core strategy for strengthening national health systems;

Recalling resolution WHA63.21 on improving the quality of research within WHO, including technical, ethical and methodological aspects, and its translation into practice, and resolution WHA66.22 on strengthening the financing and coordination of health research and development;

Further recalling the strategic document on Priorities for health systems strengthening in the WHO European Region 2015–2020,[54] which identifies health information systems as a foundation to strengthen health systems in order to ensure that they are people-centred, accelerate health gains, reduce health inequalities, guarantee financial protection and ensure an efficient use of societal resources;

Mindful of the Health 2020 policy framework,[55] adopted in resolution EUR/RC62/R4, and its use of evidence as a prerequisite in the development of health policies and decision-making;

Building on the WHO European Health Information Initiative to support the development of an integrated health information system for the European Region;

Understanding that this resolution does not replace any existing Regional Committee resolutions;

1. ADOPTS the Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region;

2. URGES Member States:[56]

   (a) to initiate or advance the activities presented in the Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region;

[53] Document EUR/RC66/12.
[54] Document EUR/RC65/13.
[55] Documents EUR/RC62/8 and EUR/RC62/9.
[56] And, where applicable, regional economic integration organizations.

(b) to strengthen national health information systems and support the process of improving coordination and aligning health indicators in order to improve comparability across the European Region;

(c) to promote national health research systems to generate evidence on priority issues to support the formulation of health policy;

(d) to set up mechanisms for increasing the use of evidence, as well as building capacity and developing new tools for promoting knowledge translation within the health system;

(e) to document, report and evaluate the experience of evidence-informed policy formulation;

(f) to ensure that evidence, information and research are used, inter alia, in the formulation of national Health 2020 policies and all other health policy agendas;

3. REQUESTS the Regional Director:

(a) to support the implementation of the Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region by providing leadership, strategic direction and technical guidance to Member States while respecting national, regional and international legislation and the mandates of relevant bodies;

(b) to intensify collaboration and knowledge exchange of all institutional stakeholders[4] towards an integrated health information system and to strengthen public health research systems in the European Region;

(c) to monitor and evaluate progress towards strengthening the use of evidence, information and research through regular reporting and analysis, documenting national strategies and experience;

(d) to report to the Regional Committee at its 68th and 70th sessions in 2018 and 2020, respectively, on the implementation of the Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region.

EUR/RC66/R13. Date and place of regular sessions of the Regional Committee for Europe in 2017–2020

The Regional Committee,

Recalling resolution EUR/RC65/R7 adopted at its 65th session;

1. RECONFIRMS that the 67th session shall be held in Budapest, Hungary, from 11 to 14 September 2017;

2. DECIDES that the 68th session shall be held in [city to be decided], Italy, from 17 to 20 September 2018;

3. DECIDES that the 69th session shall be held in Copenhagen, Denmark, from 16 to19 September 2019;

4. FURTHER DECIDES that the 70th session shall be held in 2020, exact dates and location to be decided.

Annex 1. Agenda

1. Opening of the session

(a) Election of the President, the Executive President, the Deputy Executive President and the Rapporteur

(b) Adoption of the provisional agenda and the provisional programme

2. Addresses

(a) Address by the Regional Director and report on the work of the Regional Office since the 65th session of the Regional Committee for Europe

(b) Address by the Director-General

(c) Address by Her Royal Highness The Crown Princess of Denmark

(d) Address by Mr Christian Friis Bach, Executive Secretary of the United Nations Economic Commission for Europe

3. Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board

4. Report of the Twenty-third Standing Committee of the Regional Committee for Europe

5. Policy and technical topics

(a) Health in the 2030 Agenda for Sustainable Development and its relation to Health 2020

(b) Midterm progress report on Health 2020 implementation and the way forward

(c) Action plan for the prevention and control of noncommunicable diseases in the WHO European Region

(d) Action plan for the health sector response to HIV in the WHO European Region

(e) Action plan for the health sector response to viral hepatitis in the WHO European Region

(f) Strategy and action plan for refugee and migrant health in the WHO European Region

(g) Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery

(h) Strategy on women's health and well-being in the WHO European Region

(i) Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind

(j) Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region

(k) Proposed programme budget 2018–2019

(l) WHO reform: progress and implications for the European Region

(m) Progress reports

Category 1: Communicable diseases

- Progress and final report on the European action plan for HIV/AIDS 2012–2015 (resolution EUR/RC61/R8)
- Renewed commitment to elimination of measles and rubella and prevention of congenital rubella syndrome by 2015 and sustained support for polio-free status in the WHO European Region (resolution EUR/RC60/R12)
- Progress and final report on malaria elimination in the WHO European Region (resolution EUR/RC52/R10)

Category 2: Noncommunicable diseases

- Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016 (resolution EUR/RC61/R3)
- WHO European Declaration and Action Plan on the Health of Children and Young People with Intellectual Disabilities and their Families (resolution EUR/RC61/R5)

Category 3: Promoting health through the life-course

- Strategy and action plan on healthy ageing in Europe, 2012–2020 (resolution EUR/RC62/R6)
- The Millennium Development Goals in the WHO European Region: Health systems and health of mothers and children – lessons learned (resolution EUR/RC57/R2)
- The future of the European environment and health process (resolution EUR/RC60/R7)

Category 4: Health systems

- European Action Plan for Strengthening Public Health Capacities and Services (resolution EUR/RC62/R5)

Category 5: Preparedness, surveillance and response

- European strategic action plan on antibiotic resistance (resolution EUR/RC61/R6)

Category 6: Corporate and enabling functions

- Implementation of programme budget 2014–2015
- Compliance and audit

(n) The Minsk Declaration on the Life-course Approach in the Context of Health 2020

6. Private meeting: elections and nominations

(a) Nomination of two members of the Executive Board

(b) Election of four members of the Standing Committee of the Regional Committee

(c) Election of two members of the European Environment and Health Ministerial Board

7. Confirmation of dates and places of regular sessions of the Regional Committee

8. Other matters

9. Closure of the session

Technical briefings

- Aligning monitoring frameworks – Health 2020 and the Sustainable Development Goals
- Access to new high-priced medicines: challenges and opportunities
- Health laboratory strengthening: an essential component of early warning surveillance and response systems and a national core capacity of the *International Health Regulations (2005)*
- Let's talk country work: the added value of WHO

Ministerial lunches

- Eliminating communicable diseases in the WHO European Region: reaching regional and global targets
- Health promotion throughout the life-course

Annex 2. List of documents

Working documents

EUR/RC66/1 Rev.3	Provisional list of documents
EUR/RC66/2 Rev.1	Provisional agenda
EUR/RC66/2 Rev.1 Add.1	Provisional agenda (annotated)
EUR/RC66/3 Rev.1	Provisional programme
EUR/RC66/4	Report of the Twenty-third Standing Committee of the Regional Committee for Europe
EUR/RC66/4 Add.1	Twenty-third Standing Committee of the Regional Committee for Europe: report of the fifth session
EUR/RC66/5	Moving from vision to action: report of the Regional Director on the work of WHO in the European Region in 2014–2015
EUR/RC66/6	Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board
EUR/RC66/6 Add.1	Document on development of draft global action plan on public health response to dementia for regional committees
EUR/RC66/6 Add.2	The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond: Consultation with Member States
EUR/RC66/7	Membership of WHO bodies and committees
EUR/RC66/7 Add.1	Membership of WHO bodies and committees
EUR/RC66/7 Add.2	Membership of WHO bodies and committees
EUR/RC66/8	Strategy and action plan for refugee and migrant health in the WHO European Region
EUR/RC66/8 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on the Strategy and action plan for refugee and migrant health in the WHO European Region
EUR/RC66/9	Action plan for the health sector response to HIV in the WHO European Region
EUR/RC66/9 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on the Action plan for the health sector response to HIV in the WHO European Region
EUR/RC66/10	Action plan for the health sector response to viral hepatitis in the WHO European Region
EUR/RC66/10 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on the Action plan for the health sector response to viral hepatitis in the WHO European Region

Working documents

EUR/RC66/11	Action plan for the prevention and control of noncommunicable diseases in the WHO European Region
EUR/RC66/11 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on the Action plan for the prevention and control of noncommunicable diseases in the WHO European Region
EUR/RC66/12	Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region
EUR/RC66/12 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on the Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region
EUR/RC66/13	Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind
EUR/RC66/13 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on the Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind
EUR/RC66/14	Strategy on women's health and well-being in the WHO European Region
EUR/RC66/14 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on the Strategy on women's health and well-being in the WHO European Region
EUR/RC66/15	Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery
EUR/RC66/15 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery
EUR/RC66/16	Midterm progress report on Health 2020 implementation 2012–2016
EUR/RC66/17	Towards a roadmap to implement the 2030 Agenda for Sustainable Development in the WHO European Region
EUR/RC66/17 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution Towards a roadmap to implement the 2030 Agenda for Sustainable Development in the WHO European Region
EUR/RC66/18	Progress reports

Working documents

EUR/RC66/19	Midterm progress report on implementation of the European Action Plan for Strengthening Public Health Capacities and Services
EUR/RC66/20	Draft proposed programme budget 2018–2019
EUR/RC66/21	WHO reform: progress and implications for the European Region
EUR/RC66/22	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on The Minsk Declaration on the Life-course Approach in the Context of Health 2020
EUR/RC66/23	Progress report on the European Environment and Health Process
EUR/RC66/24	Report on accountability and compliance for the WHO Regional Office for Europe
EUR/RC66/25	Reform of WHO's work in health emergency management: WHO Health Emergencies Programme
EUR/RC66/26	Draft global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response
EUR/RC66/27	Draft proposed WHO programme budget 2018–2019: the European Region's perspective

Draft resolutions

EUR/RC66/Conf.Doc./1	Report of the Regional Director on the work of WHO in the European Region in 2014–2015
EUR/RC66/Conf.Doc./2	Report of the Twenty-third Standing Committee of the Regional Committee for Europe
EUR/RC66/Conf.Doc./3	Date and place of regular sessions of the Regional Committee for Europe in 2017–2020
EUR/RC66/Conf.Doc./4 Rev.1	Strategy and action plan for refugee and migrant health in the WHO European Region
EUR/RC66/Conf.Doc./5 Rev.1	Action plan for the health sector response to HIV in the WHO European Region
EUR/RC66/Conf.Doc./6	Action plan for the health sector response to viral hepatitis in the WHO European Region
EUR/RC66/Conf.Doc./7	Action plan for the prevention and control of noncommunicable diseases in the WHO European Region
EUR/RC66/Conf.Doc./8 Rev.1	Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region
EUR/RC66/Conf.Doc./9	Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind

Draft resolutions

EUR/RC66/Conf.Doc./10	Strategy on women's health and well-being in the WHO European Region
EUR/RC66/Conf.Doc./11	Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery
EUR/RC66/Conf.Doc./12 Rev.1	The Minsk Declaration on the Life-course Approach in the Context of Health 2020
EUR/RC66/Conf.Doc./13	Towards a roadmap to implement the 2030 Agenda for Sustainable Development in the WHO European Region

Information documents

EUR/RC66/Inf.Doc./1	WHO Regional Office for Europe performance assessment report 2014–2015
EUR/RC66/Inf.Doc./2	Action plan for the prevention and control of noncommunicable diseases in the WHO European Region: annexes
EUR/RC66/Inf.Doc./3	Report on results of European Action Plan for Strengthening Public Health Capacities and Services surveys
EUR/RC66/Inf.Doc./4	Lessons learned from Member State assessments of Essential Public Health Operations
EUR/RC66/Inf.Doc./5	Hosting a Regional Committee session outside Copenhagen

Annex 3. List of representatives and other participants

I. Member States

Albania

Representative

Mr Ilir Beqaj
Minister of Health, Ministry of Health

Advisers

Mr Thanas Goga
Adviser, Ministry of Health

Mr Kastriot Robo
Ambassador Extraordinary and Plenipotentiary of the Republic of Albania to the Kingdom of Denmark

Andorra

Representative

Ms Cristina Santarrosa
Technical Adviser, Ministry of Health

Armenia

Representative

Mr Hrachya Aghajanyan
Ambassador Extraordinary and Plenipotentiary, Embassy of the Republic of Armenia to the Kingdom of Denmark

Alternate

Ms Kristina Mehrabekyan
First Secretary, Embassy of the Republic of Armenia to the Kingdom of Denmark

Adviser

Dr Samvel Grigoryan
Director, National Centre for AIDS Prevention, Ministry of Health

Austria

Representative

Professor Pamela Rendi-Wagner
Director General for Public Health, Chief Medical Officer, Federal Ministry of Health and Women's Affairs

Alternates

Dr Verena Gregorich-Schega
Head, Department for International Coordination of Health Policy and WHO, Federal Ministry of Health and Women's Affairs

Mr Martin Mühlbacher
Deputy Head, Department for International Coordination of Health Policy and WHO, Federal Ministry of Health and Women's Affairs

Advisers

Ms Aziza Haas
Senior Adviser, Department for International Coordination of Health Policy and and WHO, Federal Ministry of Health and Women's Affairs

Ms Ilana Ventura
Assistant and Project Coordinator for the Director General for Public Health and Medical Affairs, Federal Ministry of Health and Women's Affairs

Azerbaijan

Representative

Professor Ogtay Shiraliyev
Minister of Health, Ministry of Health

Advisers

Dr Samir Abdullayev
Head, International Relations Department, Ministry of Health

Dr Gulsum Gurbanova
Senior Adviser, International Relations Department, Ministry of Health

Belarus

Representatives

Mr Vasily Zharko
Minister of Health, Ministry of Health

Mr Anatoli Hrushkousky
Head, Foreign Relations Department, Ministry of Health

Belgium

Representative

Dr Daniel Reynders
Head of Department, International Relations, Federal Public Service for Health, Food Chain Safety and Environment

Advisers

Ms Anne Boucquiau
Chef de Cabinet, Office of the Vice-President and Minister for Public Works, Health, Social Action and Heritage, Walloon Government

Ms Laurence Nick
Director, Agency for Quality of Life, Walloon Region

Ms Déborah Cuignet
Adviser, Office of the Vice-President and Minister for Public Works, Health, Social Action and Heritage, Walloon Government

Mr Axel Van Weynendaele
Adviser, International Relations, Agency for Quality of Life, Walloon Region

Ms Anna Kubina
Attaché, International Relations, Federal Public Service for Health, Food Chain Safety and Environment

Mr Lieven De Raedt
Attaché, International Relations, Federal Public Service for Health, Food Chain Safety and Environment

Mr Pierre-François Defer
Attaché, Agency for Quality of Life, Walloon Region

Bulgaria

Representative

Dr Angel Kunchev
Chief State Health Inspector, Ministry of Health

Alternate

Dr Elvira Foteva
Director, Directorate for International Affairs, Projects and Programmes, Ministry of Health

Adviser

Ms Elka Doncheva
Second Secretary, Human Rights Directorate, Ministry of Foreign Affairs

Croatia

Representatives

Dr Dario Nakić
Minister of Health, Ministry of Health

Mr Frane Krnić
Ambassador Extraordinary and Plenipotentiary, Embassy of the Republic of Croatia in the Kingdom of Denmark

Alternates

Dr Krunoslav Capak
Director, National Institute of Public Health

Ms Sibila Žabica
Head, Independent Sector for European Affairs, International Cooperation and Protocol, Ministry of Health

Dr Iva Pejnović Franelić
Head of Department, Department of Mental Health Promotion and Addiction Prevention, Croatian Institute of Public Health

Adviser

Ms Ivana Jerković
Public Relations Adviser to the Minister, Office of the Minister of Health, Ministry of Health

Cyprus

Representative

Ms Maria Papakyriakou
Ambassador Extraordinary and Plenipotentiary, Embassy of the Republic of Cyprus in Denmark

Alternates

Dr Olga Kalakouta
Chief Medical Officer, Ministry of Health

Mr Martin Douglas Rayner
Press Officer, Embassy of the Republic of Cyprus in Denmark

Czech Republic

Representative

Ms Eva Gottvaldová
Chief Medical Officer, Public Health, Ministry of Health

Alternates

Ms Kateřina Bathová
Director, International Relations and European Union Department, Ministry of Health

Mr Jiří Brodský
Ambassador Extraordinary and Plenipotentiary, Embassy of the Czech Republic in Copenhagen

Advisers

Ms Marcela Kubicová
Head, Bilateral Cooperation and International Organizations Unit, Ministry of Health

Ms Dana Lupačová
Officer, Bilateral Cooperation and International Organizations Unit, Ministry of Health

Denmark

Representatives

Ms Sophie Løhde
Minister for Health, Ministry of Health

Dr Søren Brostrøm
Director General, Danish Health Authority

Alternates

Mr Per Okkels
Permanent Secretary, Office of the Minister of Health, Ministry of Health

Ms Hanne Findsen
Head of International Affairs, International Cooperation, Ministry of Health

Advisers

Ms Grith Strøbæk
Private Secretary to the Minister, Office of the Minister of Health, Ministry of Health

Mr Mads Petersen
Head of Section, International Cooperation, Ministry of Health

Ms Sine Almholt Hjalager
Head of Section, Director General's Office, Danish Health Authority

Mr Lars Pallesen
Deputy Permanent Secretary, Microbiology and Infection Control, National Serum Institute

Ms Lene Sønderup OlesenHead of Section, Healthcare Planning, Danish Health Authority

Ms Line Bork
Adviser, Medicines Policy, Ministry of Health

Ms Marie Simone Ottesen
Head of Section, Medicines Policy, Ministry of Health

Ms Cecilie Hald
Intern, International Cooperation, Ministry of Health

Ms Sanne Frost Helt
Chief Adviser for Global Health, HIV/AIDS and Sexual and Reproductive Health and Rights, Ministry of Foreign Affairs

Estonia

Representative

Dr Maris Jesse
Deputy Secretary General on Health Policy, Ministry of Social Affairs

Advisers

Ms Kaija Lukka
Adviser, Health System Development Department, Ministry of Social Affairs

Mr Jürgen Ojalo
Chief Specialist, European and International Coordination Department, Ministry of Social Affairs

Mr Taavo Lumiste
Second Secretary, Permanent Mission of the Republic of Estonia to the United Nations Office and other international organizations in Geneva

Mr Märt Volmer
Ambassador Extraordinary and Plenipotentiary, Embassy of the Republic of Estonia to the Kingdom of Denmark

Ms Tiina Tomasberg
First Secretary, Embassy of the Republic of Estonia to the Kingdom of Denmark

Ms Gerda Heinma
Intern, Permanent Mission of the Republic of Estonia to the United Nations Office and other international organizations in Geneva

Finland

Representative

Dr Päivi Sillanaukee
Permanent Secretary, Ministry of Social Affairs and Health

Alternate

Ms Taru Koivisto
Director, Department for Promotion of Welfare and Health, Ministry of Social Affairs and Health

Advisers

Dr Eero Lahtinen
Ministerial Counsellor, Department for Social and Health Services, Ministry of Social Affairs and Health

Mr Pasi Mustonen
Health Counsellor, United Nations Affairs, Permanent Mission of Finland, Geneva

Dr Sari Ekholm
Senior Medical Officer, Department for Promotion of Welfare and Health, Ministry of Social Affairs and Health

Ms Satu Leino
Ministerial Adviser, International Affairs Unit, Ministry of Social Affairs and Health

France

Representative

Professor Benoît Vallet
Director General of Health, Directorate General of Health, Ministry of Social Affairs and Health

Alternates

Mr François Zimeray
Ambassador Extraordinary and Plenipotentiary, Embassy of France to Denmark

Ms Amélie Schmitt
Head, Department of European and International Affairs, Directorate General of Health, Ministry of Social Affairs and Health

Advisers

Mr Philippe Damie
Counsellor (Health), Permanent Mission of France to the United Nations Office and other international organizations in Geneva

Mr Julien Paupert
First Secretary, Embassy of France to Denmark

Ms Emmanuelle Jouy
Officer-in-Charge, International Unit for Health and Social Welfare, Ministry of Social Affairs and Health

Ms Katell Daniault
Officer-in-Charge, Department of European and International Affairs, Directorate General of Health, Ministry of Social Affairs and Health

Georgia

Representatives

Mr David Sergeenko
Minister of Labour, Health and Social Affairs, Ministry of Labour, Health and Social Affairs

Ms Nino Berdzuli
Deputy Minister of Labour, Health and Social Affairs, Ministry of Labour, Health and Social Affairs

Alternates

Mr Amiran Gamkrelidze
Director General, National Center for Disease Control and Public Health

Mr Nikoloz Rtveliashvili
Ambassador Extraordinary and Plenipotentiary, Embassy of Georgia to the Kingdom of Denmark and to the Republic of Iceland

Adviser

Ms Ketevan Markozia
Counsellor, Embassy of Georgia to the Kingdom of Denmark and to the Republic of Iceland

Germany

Representatives

Ms Annette Widmann-Mauz
Parliamentary State Secretary, Federal Ministry of Health

Ms Dagmar Reitenbach
Head of Division, Global Health Policy, Federal Ministry of Health

Alternate

Mr Björn Kümmel
Technical Adviser, Global Health Policy, Federal Ministry of Health

Advisers

Dr Kathrin Decker
Personal Assistant to the Parliamentary State Secretary, Federal Ministry of Health

Ms Andrea Beck
Head of Division, Protocol, Language Services, Visitors' Service, Relations with Domestic and Foreign Representations, Federal Ministry of Health

Mr Thomas Ifland
Adviser, Global Health Policy, Federal Ministry of Health

Ms Cornelia Jarasch
Health Attaché, Permanent Mission of the Federal Republic of Germany to the United Nations Office and other international organizations in Geneva

Ms Martina Nießen
Interpreter, Protocol, Language Services, Visitors' Service, Relations with Domestic and Foreign Representations, Federal Ministry of Health

Greece

Representatives

Mr Andreas Xanthos
Minister of Health, Ministry of Health

Mr Ioannis Baskozos
Secretary General for Public Health, General Secretariat for Public Health, Ministry of Health

Alternates

Ms Efthalia Kakiopoulou
Ambassador Extraordinary and Plenipotentiary, Embassy of Greece to the Kingdom of Denmark

Mr Stamatios Messinis
Deputy Head of Mission, Embassy of Greece to the Kingdom of Denmark

Advisers

Mr Panagiotis Papadopoulos
Director, Office of the Minister of Health, Ministry of Health

Ms Efthymia Karava
Health Attaché, Permanent Mission of Greece to the United Nations Office and other international organizations in Geneva

Mr Emmanouil Fotinos
Adviser to the Secretary General for Public Health, General Secretariat for Public Health, Ministry of Health

Hungary

Representatives

Dr István Mikola
Minister of State for Security Policy and International Cooperation, Ministry of Foreign Affairs and Trade

Dr Attila Beneda
Deputy Secretary of State, Ministry of Human Capacities

Alternates

Mr László Hellebrandt
Ambassador Extraordinary and Plenipotentiary, Embassy of Hungary in Denmark

Dr Hanna Páva
President, Health Registration and Training Centre, Ministry of Health

Dr Árpád Mészáros
Head of Department, Department for EU Affairs and International Organizations, Ministry of Human Capacities

Advisers

Mr Miklós Gaál
Head of Unit, State Secretariat for Security Policy and International Affairs, Ministry of Foreign Affairs and Trade

Ms Krisztina Tálas
Senior Counsellor, Ministry of Human Capacities

Mr Dániel Dolgos
Senior Counsellor, Ministry of Human Capacities

Iceland

Representatives

Mr Kristján Þór Júlíusson
Minister of Health, Ministry of Welfare

Mr Sveinn Magnússon
Director General, Department of the Permanent Secretary, Ministry of Welfare

Alternates

Mr Benedikt Jónsson
Ambassador Extraordinary and Plenipotentiary, Embassy of Iceland in Copenhagen

Ms Vilborg Ingólfsdóttir
Director General, Department of Health Services, Ministry of Welfare

Ms Inga Hrefna Sveinbjarnardóttir
Political Adviser to the Minister of Health, Ministry of Welfare

Ms Dora Gudrun Guðmundsdóttir
Head of Division, Department of Health Determinants, Directorate of Health

Mr Veturliði Þór Stefánsson
Counsellor and Deputy Head of Mission, Embassy of Iceland in Copenhagen

Ireland

Representatives

Dr Fenton Howell
National Tobacco Control Adviser, Tobacco and Alcohol Control Unit, Department of Health

Ms Sarah Rose Flynn
Assistant Principal, International and Research Policy Unit, Department of Health

Israel

Representative

Ms Einav Shimron Grinboim
Deputy Director General, Information and International Relations Department, Ministry of Health

Italy

Representatives

Dr Raniero Guerra
Director General, Directorate General of Health Prevention, Ministry of Health

Dr Maria Grazia Pompa
Senior Medical Officer, Director Office V, Directorate General of Communication and European and International Relations, Ministry of Health

Alternates

Dr Francesco Cicogna
Senior Medical Officer, General Secretariat, Ministry of Health

Mr Giulio Marini
Counsellor for Health, Permanent Mission of Italy to the United Nations Office and other international organizations in Geneva

Mr Stefano Queirolo Palmas
Ambassador Extraordinary and Plenipotentiary, Embassy of Italy in Denmark

Ms Claudia Antonelli
Attaché for Economic and Commercial Affairs, Embassy of Italy in Denmark

Mr Gianfranco Costanzo
Director, International Relations, Relations with Regions and Project Cycle Management, National Institute for Health, Migration and Poverty

Kazakhstan

Representative

Dr Alexey Tsoy
Vice Minister, Health Care and Social Development, Ministry of Health Care and Social Development

Alternate

Professor Maksut Kulzhanov
Member, WHO Executive Board

Adviser

Dr Roza Abzalova
Deputy Director, Training and Practical Centre of Family Medicine Demeu

Kyrgyzstan

Representative

Dr Amangeldy Murzaliev
Deputy Minister of Health, Ministry of Health

Latvia

Representatives

Ms Anda Čakša
Minister for Health, Ministry of Health

Ms Līga Šerna
Director, Department of European Affairs and International Cooperation, Ministry of Health

Lithuania

Representatives

Mr Audrius Ščeponavičius
Director, Public Health Care Department, Ministry of Health

Ms Romalda Baranauskienė
Deputy Director, Personal Health Care Department, Ministry of Health

Alternates

Ms Gintė Bernedeta Damušis
Ambassador Extraordinary and Plenipotentiary, Embassy of the Republic of Lithuania to the Kingdom of Denmark and to the Republic of Iceland

Ms Justina Steniukaitė
Chief Specialist, International Cooperation Division, Ministry of Health

Luxembourg

Representative

Mr Gérard Philipps
Ambassador Extraordinary and Plenipotentiary, Embassy of the Grand Duchy of Luxembourg in Copenhagen

Alternate

Dr Robert Goerens
Head of Department, Health Directorate, Ministry of Health

Adviser

Ms Anne Weber
Health Attaché, Permanent Mission of the Grand Duchy of Luxembourg to the United Nations Office and other international organizations in Geneva

Malta

Representatives

Mr Christopher Fearne
Minister for Health, Ministry for Health

Dr Raymond Busuttil
Consultant in Public Health Medicine, Superintendence of Public Health, Health Promotion and Disease Prevention Directorate

Alternate

Dr Maya Podesta
Specialist Registrar in Public Health, Superintendence of Public Health, Health Promotion and Disease Prevention Directorate

Monaco

Representatives

Ms Carole Lanteri
Ambassador Extraordinary and Plenipotentiary and Permanent Representantive, Permanent Mission of the Principality of Monaco to the United Nations Office and other international organizations in Geneva

Dr Alexandre Bordero
Director, Health Action Directorate, Department of Social Affairs and Health, Government of the Principality of Monaco

Alternates

Ms Chrystel Chanteloube
Third Secretary, Permanent Mission of the Principality of Monaco to the United Nations Office and other international organizations in Geneva

Mr Alexis Poyet
Secretary for External Relations, Department of International Relations and Cooperation, Government of the Principality of Monaco

Montenegro

Representatives

Professor Agima Ljaljević
Director, Centre for Health Promotion, Institute of Public Health, Ministry of Health

Ms Mirjana Đuranović
Senior Adviser, International Cooperation, Ministry of Health

Netherlands

Representatives

Mr Herbert Barnard
Director, International Affairs Department, Ministry of Health, Welfare and Sport

Mr Pieter de Coninck
Senior Policy Adviser, International Affairs Department, Ministry of Health, Welfare and Sport

Alternates

Mr Gert-Jan Rietveld
Health Counsellor, Permanent Mission of the Kingdom of the Netherlands to the United Nations Office and other international organizations in Geneva

Mr Hans Kruishoop
Counsellor and Deputy Head of Mission, Embassy of the Kingdom of the Netherlands in Copenhagen

Norway

Representatives

Dr Bjørn Dagfinn Guldvog
Director General of Health and Chief Medical Officer, Directorate of Health

Ms Hilde Caroline Sundrehagen
Deputy Director General, Unit for International Cooperation, Ministry of Health and Care Services

Alternates

Mr Eivind Berg Weibust
Senior Adviser, Unit for International Cooperation, Ministry of Health and Care Services

Mr Kjetil Leon Bordvik
Senior Adviser, Department of Public Health, Ministry of Health and Care Services

Mr Thor Erik Lindgren
Health Attaché, Permanent Mission of Norway to the United Nations Office and other international organizations in Geneva

Mr Arne-Petter Sanne
Director, Global Health, Directorate of Health

Advisers

Dr Frode Forland
Specialist Director, Norwegian Instititute of Public Health

Dr Anne Bergh
Specialist Director, Norwegian Instititute of Public Health

Ms Benedikte Louise Alveberg
Senior Adviser, Norwegian Institute of Public Health

Poland

Representatives

Dr Konstanty Radziwiłł
Minister of Health, Ministry of Health

Mr Adam Wojda
Head of Unit, Department of International Cooperation, Ministry of Health

Alternates

Ms Ewa Piasecka
Chief Expert, Department of International Cooperation, Ministry of Health

Mr Wojciech Gwiazda
First Secretary (Health), Permanent Mission of the Republic of Poland to the United Nations Office and other international organizations in Geneva

Portugal

Representative

Dr Eva Falcão
Director, Directorate of International Relations, Directorate General of Health

Alternate

Dr Tiago Marques
Counsellor and Deputy Head of Mission, Embassy of Portugal in Denmark

Republic of Moldova

Representative

Dr Ruxanda Glavan
Minister of Health, Ministry of Health

Romania

Representatives

Dr Marius Ionuț Ungureanu
Secretary of State, Ministry of Health

Dr Alexandru Rafila
Adviser to Minister of Health, Ministry of Health

Alternates

Dr Costin Iliuță
Head of Department, Directorate General for Population and Public Health, Ministry of Health

Ms Maria Artene
Counsellor and Deputy Head of Mission, Embassy of Romania in the Kingdom of Denmark

Russian Federation

Representative

Mr Sergey Muravyev
Director, Department of International Cooperation and Public Relations, Ministry of Health

Alternate

Dr Eduard Salakhov
Deputy Director, Department of International Cooperation and Public Relations, Ministry of Health

Advisers

Dr Lyalya Gabbasova
Assistant to the Minister of Health of the Russian Federation, Ministry of Health

Ms Tereza Kasayeva
Deputy Director, Department of Medical Care and Sanatorium-resort Services, Ministry of Health

Mr Andrey Gayderov
Head, Division of Drug Supply and Medical Devices Regulation, Ministry of Health

Ms Olga Zhiteneva
Chief Expert, Department of International Cooperation and Public Relations, Ministry of Health

Mr Alexey Novozhilov
Third Secretary, Permanent Mission of the Russian Federation to the United Nations Office and other international organizations in Geneva

Dr Sergey Boytsov
Director, Federal Research Centre of Preventive Medicine, Ministry of Health

Dr Oleg Apolikhin
Director, Urology Research Institute, Ministry of Health

Dr Igor Bukhtiyarov
Director, Research Institute of Occupational Medicine

Ms Anna Korotkova
Deputy Director, International Department, Federal Research Institute for Health Organization and Informatics, Ministry of Health

Dr Evgeny Shigan
Deputy Director, Research Institute of Occupational Medicine

Ms Marina Popovich
Head, Integrated Prevention Programmes Department, Federal Research Centre of Preventive Medicine, Ministry of Health

Dr Mark Tseshkovsky
Head, International Department, Federal Research Institute for Health Organization and Informatics, Ministry of Health

Ms Elena Kirsanova
Head of Public Health Department, Federal Research Institute for Health Organization and Informatics, Ministry of Health

Dr Vyacheslav Smolensky
Director, Department of Science and International Cooperation, Federal Service for Surveillance on Consumer Rights Protection and Human Well-being

Ms Albina Melnikova
Deputy Director, Epidemiological surveillance Department, Federal Service for Surveillance on Consumer Rights Protection and Human Well-being

Ms Ekaterina Zenkevich
Head Specialist, Department of Science and International Cooperation, Federal Service for Surveillance on Consumer Rights Protection and Human Well-being

San Marino

Representative

Dr Bianca Caruso
Director General, Social Security Institute

Alternate

Dr Andrea Gualtieri
Director, Authority for the Authorization, Accreditation and Quality of Health, Socio-health and Socio-educational Services

Serbia

Representatives

Ms Dragana Ivanović
Ambassador Extraordinary and Plenipotentiary, Embassy of the Republic of Serbia to the Kingdom of Denmark

Ms Irena Kovačević Kuzmanović
First Secretary, Embassy of the Republic of Serbia to the Kingdom of Denmark

Slovakia

Representatives

Mr Tomáš Drucker
Minister of Health, Ministry of Health

Professor Stanislav Špánik
State Secretary, Ministry of Health

Alternates

Mr Boris Gandel
Ambassador Extraordinary and Plenipotentiary, Embassy of the Slovak Republic in Copenhagen

Mr Mario Mikloši
WHO National Technical Focal Point for Health Systems, Director General, Section of Health, Ministry of Health

Ms Petra Kuljačková
Director General, Office of the Minister of Health, Ministry of Health

Mr Martin Smatana
Director, Institute of Health Policies, Ministry of Health

Ms Elena Jablonická
WHO National Counterpart, Senior Officer, Department of EU Affairs and International Relations, Ministry of Health

Advisers

Mr Stanislav Lipovský
Counsellor, Embassy of the Slovak Republic in Copenhagen

Mr Anton Frič
Counsellor, Permanent Mission of the Slovak Republic to the United Nations Office and other international organizations in Geneva

Ms Ivana Jančová
Officer, Department of EU Affairs and International Relations, Ministry of Health

Ms Andrea Jurušová
Attaché, Permanent Mission of the Slovak Republic to the United Nations Office and other international organizations in Geneva

Slovenia

Representatives

Ms Milojka Kolar Celarc
Minister of Health, Ministry of Health

Mr Tone Kajzer
Ambassador Extraordinary and Plenipotentiary, Embassy of the Republic of Slovenia in Copenhagen

Alternates

Dr Vesna-Kerstin Petrič
Head, Division for Health Promotion and Prevention of Noncommunicable Diseases, Directorate for Public Health, Ministry of Health

Ms Liza Zorman
Senior Adviser, Directorate for Public Health, Ministry of Health

Ms Majda Hostnik
Secretary, Public Relations Office, Ministry of Health

Spain

Representative

Dr Elena Andradas Aragonés
Director General, Public Health, Quality and Innovation, Ministry of Health, Social Services and Equality

Alternate

Mr Martín Remón Miranzo
Attaché for Health and Labour, Permanent Mission of Spain to the United Nations and other international organizations in Geneva

Advisers

Dr Isabel Saiz Martínez Acitores
Programme Coordinator, Directorate General for Public Health, Quality and Innovation, Ministry of Health, Social Services and Equality

Ms Esther Rodríguez Machado
Head of International Affairs Service, Deputy Directorate-General for International Relations, Ministry of Health, Social Services and Equality

Sweden

Representatives

Ms Olivia Wigzell
Director-General, Director-General's Office, National Board of Health and Welfare

Mr Gabriel Andréasson
Head of Section, Division for EU and International Affairs, Ministry of Health and Social Affairs

Alternates

Mr Martin Jeppson
Counsellor for Health Affairs, Permanent Mission of Sweden to the United Nations and other international organizations in Geneva

Mr Bosse Pettersson
Senior Adviser, Director-General's Office, National Board of Health and Welfare

Dr Lennart Christiansson
Senior Adviser for Medical Affairs, Director-General's Office, National Board of Health and Welfare

Advisers

Mr Patrik Nylander
Senior Adviser, Director-General's Office, Public Health Agency

Mr Erik Svanfeldt
International Coordinator, Health and Social Care Division, Swedish Association of Local Authorities and Regions

Dr Thomas Tolfvenstam
Senior Researcher, Karolinska Institute

Switzerland

Representative

Ms Tania Dussey-Cavassini
Vice-Director, Ambassador for Global Health, Head of Division of International Affairs, Federal Office of Public Health

Alternate

Ms Céline Fürst
Scientific Adviser, International Affairs Division, Federal Office of Public Health

Advisers

Ms Sabine Unternährer
Scientific Adviser, Sectoral Foreign Policies Division, Federal Department of Foreign Affairs

Ms Enrichetta Placella
Health Adviser, Commonwealth of Independent States Division, Swiss Agency for Development and Cooperation

Tajikistan

Representatives

Dr Saida Gairat Umarzoda
First Deputy Minister, Ministry of Health and Social Protection

Ms Rano Rahimova
Head, International Cooperation Department, Ministry of Health and Social Protection

Alternate

Professor Salomudin Yusufi
Head, Department of Medical and Pharmaceutical Education, Human Resourses and Science, Ministry of Health and Social Protection

The former Yugoslav Republic of Macedonia

Representative

Mr Grpovski Jovan
State Counsellor, Minister's Office, Ministry of Health of the Republic of Macedonia

Alternate

Mr Naim Mehmeti
Ambassador Extraordinary and Plenipotentiary, Embassy of the former Yugoslav Republic of Macedonia to the Kingdom of Denmark

Turkey

Representatives

Dr Öner Güner
Director General for Foreign Affairs and EU, Ministry of Health

Dr Hakkı Gürsöz
Chairman, Turkish Medicine and Medical Devices Agency, Ministry of Health

Alternate

Dr Bekir Keskinkılıç
Deputy Chairman, Turkish Public Health Agency, Ministry of Health

Advisers

Mr Bora Kerimoğlu
First Counsellor, Embassy of the Republic of Turkey to the Kingdom of Denmark

Mr Kemal Deniz Dana
First Counsellor, Embassy of the Republic of Turkey to the Kingdom of Denmark

Mr Yusuf Irmak
Head of Department, Directorate General for Foreign Affairs and EU Relations, Ministry of Health

Mr Çetin Doğan Dikmen
Expert, Directorate General for Foreign Affairs and EU, Ministry of Health

Turkmenistan

Representative

Dr Bahargul Agayeva
Head, Department of Statistics and Information, Ministry of Health and Medical Industry

Advisers

Mr Merdangeldi Amangeldyev
Director, Turkmenistan Pharm Industry, Ministry of Health and Medical Industry

Mr Dovlet Ogshukov
Director, Turkmenderman Ajanta Pharma Limited, Ministry of Health and Medical Industry

Ukraine

Representatives

Dr Ulana Nadia Suprun
Acting Minister of Health, Ministry of Health

Mr Artem Vladymyrov
Chargé d'Affaires, Embassy of Ukraine in the Kingdom of Denmark

Alternate

Mr Oleh Malyi
Second Secretary, Embassy of Ukraine in the Kingdom of Denmark

United Kingdom of Great Britain and Northern Ireland

Representatives

Ms Kathryn Tyson
Director, International Health and Public Health Delivery, Global and Public Health, Department of Health

Ms Asha Batchelor
Team Leader, EU and Multilateral Relations, Global and Public Health, Department of Health

Alternate

Ms Nicky Shipton
WHO Policy Manager, Global and Public Health, Department of Health

Uzbekistan

Representative

Dr Anvar Alimov
Minister of Health, Ministry of Health

Advisers

Dr Abdunomon Sidikov
Head, Department of External Relations and Economic Activities, Ministry of Health

Dr Alisher Sharipov
Head, Department of Emergency Medicine, Tashkent Institute of Paediatric Medicine

Dr Abdumalik Djalilov
Director, Medical Training Centre, Tashkent Institute of Paediatric Medicine

II. Observers from Member States of other regions

United States of America

Advisers

Ms Tracy Carson
Health Attaché, United States Department of Health and Human Services, United States Government

Dr Matthew Lim
Deputy Health Attaché, Health and Human Services, Permanent Mission of the United States of America to the United Nations and other international organizations in Geneva

III. Observers from Non-Member States

Holy See

Representative

Dr Charles Namugera
Member, Pontifical Council for Pastoral Assistance to Health-Care Workers

IV. Representatives of the United Nations and related organizations

Food and Agriculture Organization

Ms Eleonora Dupouy
Food Safety and Consumer Protection Officer

International Atomic Energy Agency

Ms Beatrix Lahoupe
Section Head, Programme Design Section, Division of Programme of Action for Cancer Therapy

Joint United Nations Programme on HIV/AIDS

Mr Vinay Patrick Saldanha
Director, Regional Support Team for Eastern Europe and Central Asia

United Nations Children's Fund

Ms Suvi Rautio
Deputy Director, Supply Programme, Supply Division

Dr Basil Rodriques
Regional Health Adviser, Systems and Policy, Regional Office for Central and Eastern Europe and the Commonwealth of Independent States

United Nations Development Programme

Mr Neal Walker
Humanitarian Coordinator, United Nations Resident Coodinator, United Nations Development Programme Resident Representative in Ukraine, United Nations Office in Ukraine

Mr John Macauley
Regional HIV, Health and Development Programme Specialist

United Nations Economic Commission for Europe

Mr Christian Friis Bach
Executive Secretary

United Nations Environment Programme

Ms Sylvie Motard
Deputy Director, Regional Office for Europe

Mr Wondwosen Asnake Kibret
Programme Officer, Regional Office for Europe

United Nations High Commissioner for Refugees

Mr Steven Corliss
Director, Division of Programme Support and Management

United Nations Population Fund

Ms Alanna Armitage
Director, Regional Office for Eastern Europe and Central Asia

Ms Pernille Fenger
Chief, Nordic Office

Dr Tamar Khomasuridze
Sexual and Reproductive Health Adviser, Regional Office for Eastern Europe and Central Asia

United Nations Entity for Gender Equality and the Empowerment of Women

Mr Asger Ryhl
Director, Nordic Office

World Bank

Dr Enis Baris
Sector Manager for Health, Nutrition and Population, Middle East and North Africa Region

V. Representatives of other intergovernmental organizations

European Union

Dr Isabel de la Mata
Principal Adviser for Health and Crisis Management, Directorate-General for Health and Food Safety, European Commission

Dr Canice Nolan
Minister Counsellor, Permanent Delegation of the European Union to the United Nations and other international organizations in Geneva

Ms Anna Eva Ampelas
Head of Unit, Health in All Policies, Global Health, Tobacco Control, Directorate-General for Health and Food Safety, European Commission

Mr Jean-Baptiste Le Bras
Policy Officer, Health in All Policies, Global Health, Tobacco Control, Directorate-General for Health and Food Safety, European Commission

International Organization for Migration

Mr Jacob Jorgensen
Chief of Mission, International Organization for Migration, Denmark

Ms Jacqueline Weekers
Senior Migrant Health Officer, Migration Health

Dr Jaime Calderon
Senior Regional Migration and Health Specialist, Regional Office for South-Eastern Europe, Eastern Europe and Central Asia

Nordic Council of Ministers

Mr Dagfinn Høybråten
Secretary General

Ms Vilborg Hauksdottir
Senior Adviser

Organisation for Economic Co-operation and Development

Ms Francesca Colombo
Head, Health Division, Directorate for Employment, Labour and Social Affairs

VI. Representatives of nongovernmental organizations in official relations with WHO

Alliance for Health Promotion
Ms Gabriella Sozanski

Alzheimer's Disease International
Ms Vanessa Challinor

Global Health Council
Ms Pamela Namenyi

International Association for Hospice and Palliative Care
Dr Katherine Pettus

International Diabetes Federation
Ms Charlotte Rulffs Klausen

International Federation of Medical Students' Associations
Dr Diogo Silva
Mr Priit Tohver
Ms Alice Claeson
Ms Hana Lučev
Ms Emmeli Mikkelsen
Ms Rosemary James

International Federation of Pharmaceutical Manufacturers and Associations
Mr Anders Schiermer
Ms Ida Zuricho

International Life Saving Federation of Europe
Mr Erik Bech

International Pharmaceutical Federation
Ms Zuzana Kusynová

International Planned Parenthood Federation
Ms Caroline Hickson

International Society of Nephrology
Ms Valerie Luyckx

International Society of Physical and Rehabilitation Medicine
Professor Anton Wicker

Medicus Mundi International
Ms Linda Mans
Dr Julian Eckl

Union for International Cancer Control
Ms Rebecca Morton Doherty

World Cancer Research Fund International
Ms Anne Louise Meincke Codling

World Confederation for Physical Therapy
Mr Roland Paillex

World Council of Churches
Dr Mwai Makoka

World Federation of Occupational Therapists
Ms Samantha Shann
Ms Stephanie Saenger
Ms Tina Nør Langager

World Federation of Societies of Anaesthesiologists
Dr Zeev Goldik

World Heart Federation
Mr Jeremiah Mwangi

World Hepatitis Alliance
Mr Charles Gore

World Medical Association
Dr Konstantinos Roditis
Dr Agostinho Moreira de Sousa

World Organization of Family Doctors
Dr Anna Stavdal
Dr Charilaos Lygidakis

World Stroke Organization
Professor Bo Norrving

Worldwide Hospice Palliative Care Alliance
Dr Julie Ling

VII. Observers

AIDS Healthcare Foundation
Ms Anna Żakowicz
Ms Zoya Shabarova

Association of Schools of Public Health in the European Region
Professor Anders Foldspang

EuroHealthNet
Dr Cristina Chiotan

European AIDS Treatment Group
Ms Ann Isabelle von Lingen

European Federation of Nurses Associations
Ms Marianne Schulz

European Forum of Medical Associations
Ms Leah Wapner
Ms Michelle Glekin

European Forum of National Nursing and Midwifery Associations
Ms Mervi Jokinen

European Health Forum Gastein
Ms Dorli Kahr-Gottlieb

European Hospital and Healthcare Federation
Mr Pascal Garel

European Liver Patients Association
Ms Tatjana Reic

European Public Health Alliance
Ms Nina Renshaw

European Public Health Association
Dr Dineke Zeegers Paget

European Respiratory Society
Professor Jørgen Vestbo
Mr Vitor Teixeira

Global Fund to Fight AIDS, Tuberculosis and Malaria
Mr Nicolas Cantau
Dr Artashes Mirzoyan

International Federation of Red Cross and Red Crescent Societies
Dr Mahesh Gunasekara

International Network of Health Promoting Hospitals and Health Services
Dr Jeff Kirk Svane

Regions for Health Network
Ms Solvejg Wallyn

Standing Committee of European Doctors
Ms Sarada Das

Women Deliver
Ms Katja Iversen

Prospective Director-General Candidates
Dr Tedros Adhanom Ghebreyesus
Professor Philippe Douste-Blazy
Dr Sania Nishtar

Guests and Temporary Advisers
Professor Róza Ádány
Dr Richard Alderslade
Mr Thomas Allvin
Dr Roberto Bertollini
Dr Marc Alain Danzon
Dr Johan de Cock
Mr Aldo Golja
Mr David Harper
Dr Panos Kanavos
Professor Michel Kazatchkine
Professor Ilona Kickbusch
Dr Mihály Kökény
Professor Allan Krasnik
Professor Martin McKee
Dr Natalia Nizova
Dr Günter Pfaff
Professor Jürgen Rehm
Professor David M. Salisbury
Ms Tanja Schmidt
Dr Viorel Soltan
Professor Istvan Szilard
Professor Göran Tomson
Dr Paul Van Look

Annex 4. Address by the Regional Director

Your Royal Highness, honourable ministers, Excellencies, colleagues, ladies and gentlemen,

We live in uncertain and demanding times. Last year brought many political and social challenges, globally and within the European Region, including inequities in global development, poverty, civil unrest, migration, terrorism, complex emergencies and climate change with extreme weather events.

All had a profound impact on our work.

We must rise to the public health demands flowing from these challenges, pursuing our goal of better health: more equitable and sustainable.

In responding to these challenges, we must change the way we work.

We have strategies and action plans in place, now supported by a new global framework, the United Nations 2030 Agenda for Sustainable Development, and the Sustainable Development Goals (SDGs). In our Region, Health 2020 is fully aligned with the SDGs.

During 2016 and 2017, I intend to develop a roadmap for the implementation of the SDGs, together with Health 2020 and a new vision of public health. I will bring this to the Regional Committee in 2017, describing how, with political commitment, we can accelerate progress.

National ownership, political commitment and robust planning – combined with effective delivery that ensures national health policies are a vital and integral component of national development plans – are fundamental to achieving the SDGs.

We need to secure good governance, and whole-of-government and whole-of-society efforts involving all stakeholders, and ensure policy coherence at the national, regional and subnational levels.

We have worked together to develop Health 2020 indicators and improve data collection, and developed a monitoring system with national targets that allows improved reporting, follow-up and review processes.

Taking this forward, we have conducted a detailed mapping exercise and we are proposing a joint monitoring framework for the Health 2020, noncommunicable disease (NCD) and SDG indicators, which will be presented at the technical briefing later today.

Ladies and gentlemen,

Together we have achieved a lot. More countries align their national health policies with Health 2020, and the scope of these policies has broadened.

This was made possible through high-level political commitment, from not only the health sector but also multisectoral structures, which have increased in number and importance.

We are on track to reach the Health 2020 targets, as outlined in the 2015 European health report. Europeans continue to live longer and healthier lives than ever before, and premature mortality is decreasing. Differences in life expectancy and mortality between countries are diminishing. This shows that our strategies work.

Yet profound challenges remain. The absolute differences in health status between countries remain substantial, and within-country inequities also continue.

In addition, we must rise to the challenge of all health determinants, including health behaviour. If current rates of smoking, alcohol consumption and obesity do not decline substantially, our gains in life expectancy could be lost.

The SDGs give us a wonderful platform to establish a coalition for health, led by WHO but engaging relevant United Nations agencies and working with Member States, to ensure that health and well-being are achieved for all, at all ages.

The SDGs and Health 2020 give us the opportunity to tackle all health determinants.

We therefore link the social, economic, cultural and environmental determinants, as well as gender and rights approaches, to reduce health inequities and leave no one behind.

Most Member States already address all these determinants in designing their national and local policies for health and development. Also, the cultural determinants of health increasingly move towards centre stage.

Last year, the Regional Committee agreed on steps to promote intersectoral work among diverse actors that support the implementation of Health 2020 but also the SDGs.

This requires the strengthening of accountability for health across the whole of government and society, as well as the implementation of the health-in-all-policies approach.

We produced a number of policy briefs to promote and support countries in taking intersectoral approaches and actions.

We have also undertaken a mapping exercise of intersectoral action in the Region and are developing an analytical framework to facilitate this work.

The Regional Office will hold a high-level meeting on promoting intersectoral and interagency action for health and well-being between the health, education and social sectors in Paris in December 2016. I thank the Government of France for hosting it.

In November, WHO will organize the 9th Global Conference on Health Promotion in Shanghai, China. This will fall on the 30th anniversary of the First International Conference on Health Promotion.

The Global Conference will provide Member States with an opportunity to reassert the significance of health promotion in improving health and health equity, and will examine the role of health promotion in attaining the SDGs. I encourage you all to attend.

Ladies and gentlemen,

Worryingly, recent reports show that, across the European Region, challenges and significant changes in policies influence the social determinants of health.

Here I mention: persistent youth unemployment, reductions in levels of coverage and new conditionalities for social rights and benefits, and inequities in exposure to environmental risks.

These changes partly explain the health inequities that we see and the new forms of health vulnerability that are now appearing in countries across the Region.

These are affecting people whose health is already lagging behind, such as refugees and migrants, Roma and other vulnerable groups.

I intend to launch a regular WHO European status report on health equity, as a key tool to monitor progress towards Health 2020's equity goals.

Working with the United Nations system will be our priority in SDG implementation in all three dimensions of our work: global, regional and national. The latter means playing a full role in the work of United Nations country teams, and cooperating in developing and implementing United Nations Development Assistance Frameworks.

WHO networks focused on settings for Health 2020 implementation will also be of increasing importance for the implementation of the SDGs. I would highlight particularly our commitment to reinvigorating the WHO European Healthy Cities Network.

The Regions for Health Network will meet next week in Kaunas to consider how the SDGs will be implemented at various levels of governance. I thank the Government of Lithuania for hosting this inspiring meeting.

In less than a month, I will attend the third high-level meeting of the small countries initiative, hosted by Monaco, which I would like to thank for its hospitality.

WHO collaborating centres are also of great importance; to ensure they reach their full potential, we developed an internal corporate strategy for working with them, setting out a strategic vision, policy direction and action plan.

I aligned the organizational structure in the Regional Office to respond to increasing demands from countries to facilitate multisectoral action for health in a comprehensive and coordinated way. I brought together all of our expertise in the social, economic and environmental determinants of health, health equity and good governance within a single division to provide a platform of excellence. This division also hosts our work on the SDGs.

Here I extend my warm thanks to the German and Italian governments for their generous support to our geographically dispersed offices in Bonn and Venice, respectively. I am happy to announce that the Italian Government has extended the host agreement for the Venice office for another 10 years, and the ratification process was completed. Thank you, Italy.

Ladies and gentlemen,

Among the most vulnerable of those left behind are refugees and migrants.

As a result and at your request, a year ago the Regional Office scaled up its work to respond to increasing requests from Member States. I am grateful to the Government of Italy for supporting our work in this area.

We organized the high-level meeting on refugee and migrant health, generously hosted by Italy, in Rome in November 2015.

The agreed outcome document defined the common framework for priority public health action and formed the basis for the European strategy on refugee and migrant health, which we developed with the guidance of the migration subgroup of the Standing Committee of the Regional Committee (SCRC), and we submit this for your consideration.

We hope that the European action plan will lead to the development of a global framework. In this regard, I am happy to be hosting the first global meeting for the preparation of this framework.

The longstanding collaboration between the health and environment sectors produced outstanding results, demonstrating the multisectoral approach to addressing the environmental determinants of health, which account for up to 20% of the burden of preventable disease in the Region.

An external evaluation of the WHO European Centre for Environment and Health, in Bonn, confirmed the excellence of this work. The Bonn office is now adopting a nexus-based approach, recognizing the multiple interconnections between risk factors and environmental determinants, translating science into evidence and supporting the development of policies.

I had the honour to attend the Eighth Environment for Europe Ministerial Conference held in Batumi, Georgia, last June. I would like to thank the Executive Secretary of the United Nations Economic Commission for Europe (UNECE), who is here with us today, for the excellent preparation and outcome of this Conference, as well as our longstanding partnership.

The Sixth Ministerial Conference on Environment and Health will take place in Ostrava, Czechia, on 13–15 June 2017 This will result in a revised and transformative environment and health agenda for the European Region, with a clear implementation mechanism, improved governance and a set of measurable and effective actions to accelerate achievements. I thank Czechia for its generous invitation and encourage you all to attend.

We give another example of excellent intersectoral collaboration with UNECE in the framework of the Transport, Health and Environment Pan-European Programme (THE PEP). We support Member States in making transport policies that are healthy and environmentally friendly.

I was delighted when, 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 and achievements under THE PEP. I congratulate everyone involved.

Ladies and gentlemen,

Now let me turn to another important topic: health emergencies.

The WHO Director-General, supported by the Global Policy Group, has led the reform of WHO's work in outbreaks and emergencies.

Now the new health emergencies programme is established. It is built on WHO's mandate, from primarily a technical and normative agency to a fully operational organization in emergencies.

It is established in the spirit of one WHO and one single programme. The programme will work within a clear command and control system, in synergy with all WHO technical programmes and partners.

The programme addresses the full cycle of health-emergency management, including: prevention, preparedness, response and recovery. There are clear accountability and standard performance metrics.

In the European Region, we have fully aligned our structure, staffing and processes with the programme; we are ready and committed to work with you and all partners to make it a success.

The new procedures were tested in response to the outbreak of Zika virus disease, and proved to be effective at all levels.

Let me remind you of the interim risk assessment for Zika that we published for the European Region. Many countries are using it in their preparedness work. Although there is no local transmission of Zika virus in Europe, we are monitoring the situation closely.

Preparedness and building core capacities for the International Health Regulations (IHR) will be the central parts of the emergencies programme in our Region. We will continue supporting Member States in their preparedness and response activities, following an all-hazard and multisectoral approach.

We have already taken steps to link preparedness with health systems and essential public health functions, an area where we are leading globally.

Accelerating the use of IHR is another area in which the Regional Office is leading, under the guidance of the SCRC's IHR subgroup.

We welcome the change from self-assessment of capacities to a more function-oriented approach under the new IHR monitoring and evaluation framework.

In this respect, we conducted several voluntary external evaluations. We consider this framework a full and comprehensive package – with all its components including annual reporting and exercises – that will lead to national plans for the further development of core capacities.

I assure you that WHO will continue to show leadership in this important area of work in a transparent and inclusive way, engaging all Member States and partners.

Our emergency information and risk assessment team operates at all times, screening more than 15 000 signals every year to detect public health events on time, in close collaboration with Member States and partners.

We are currently responding to two large-scale, protracted emergencies: the crisis in the Syrian Arab Republic and its spill-over effects in Turkey, where more than 2.7 million refugees reside; and the ongoing humanitarian crisis in eastern Ukraine.

In Turkey, WHO, with its field presence, leads the health cluster for the northern Syrian Arab Republic, and the health sector for partners working with refugees in Turkey.

In the northern Syrian Arab Republic, WHO supports early warning systems, organizing immunization campaigns and maintaining a supply line for drugs and medical supplies to hospitals and other health-care facilities.

In Ukraine, WHO continues to lead the health and nutrition cluster in Kyiv, and four field offices in the east. The health emergency programme in Ukraine also focuses on development activities and rehabilitation.

We will continue to support countries in the prevention and control of high-threat pathogens, such as Ebola virus, Middle East respiratory syndrome coronavirus (MERS-CoV) and pandemic influenza.

Meanwhile, the mapping we initiated of the high-risk pathogens most relevant to the Region and countries will ensure better preparedness.

We have intensified our work on another major global public health threat: antimicrobial resistance (AMR). The number of actively engaged countries is increasing worldwide.

Thanks to European countries' commitment, our Region continues to lead the way and provide inspiration, experience and expertise to global efforts.

The United Nations General Assembly will discuss AMR next week, to ensure the highest political commitment, leading to multisectoral and whole-of-society action.

In November this year, the world will mark the second World Antibiotic Awareness Week. Last year, 44 countries joined the campaign and, this year, I invite all European countries to take part.

I would like to express my gratitude to Her Royal Highness Crown Princess Mary of Denmark for raising awareness of AMR, and I look forward to our joint country visit later in the year.

Ladies and gentlemen,

As to communicable diseases, let me start with the good news and our joint success, of which we should be proud.

In April 2016, I had the honour to announce the European Region to be the first WHO region in the world to interrupt transmission of malaria. Thanks and congratulations to you all for this monumental achievement.

Yet we must remember that this achievement is fragile and maintaining zero cases requires sustained political commitment, resources and constant vigilance. This was the focus of a high-level consultation held in Ashgabat, Turkmenistan, in July.

Another success is in sustaining the Region's polio-free status, especially the successful efforts in Ukraine over the past year to interrupt the transmission of circulating vaccine-derived poliovirus through nationwide vaccination campaigns.

Member States achieved significant milestones in the Polio Eradication and Endgame Strategic Plan, including the introduction of inactivated polio vaccine, cessation of trivalent oral polio vaccine use and the containment of poliovirus type 2 in facilities across the European Region.

All these gains must be warmly applauded.

Thirty-four countries in the Region interrupted the transmission of endemic measles and/or rubella by 2015. Gaps in surveillance and immunization coverage, however, jeopardize the elimination of measles and rubella in the remaining endemic countries.

As we inch closer to achieving this goal, countries that have not interrupted transmission should accelerate their actions, and I call upon your continued commitment in line with the European Vaccine Action Plan. This achievable goal will be discussed further during today's ministerial lunch.

The use of vaccines as a major public health tool made these achievements possible. European Immunization Week 2016 once again saw all 53 European Member States engage, with the launch of a new online Immunize Europe Forum. We are extremely grateful for the enormous support given by Her Royal Highness Crown Princess Mary of Denmark to make the Week a success.

Last year I reported on the alarming situation regarding HIV and called for bold action to get us on track to end the epidemic by 2030.

The situation remains critical, with another 142 000 new HIV infections since we last met. This is the highest number ever reported, and cases are more than doubling in the eastern part of the Region.

The number of people on antiretroviral therapy has increased to over 1 million, but this is not enough. We need to "test and treat all", as indicated in the new action plan. We need fully to implement the WHO-recommended evidence-based policies, leaving no one behind.

We now have the opportunity to renew our political commitment to an urgent, accelerated, people-centred, "fast-track" response to HIV. You have worked with us in developing the new action plan for the health sector's response to HIV.

Now is the time for action. I call upon your commitment to reverse the epidemic, and I look forward to our discussions on Wednesday.

Five countries globally received validation of elimination of mother-to-child transmission of HIV and syphilis. I am proud to announce that three are in our Region; congratulations to Armenia, Belarus and the Republic of Moldova. Many more countries are ready for validation, and we will discuss this further during today's ministerial lunch.

We estimate that 400 people in the Region die every day from causes related to viral hepatitis, while preventive tools and life-saving treatments are available.

The Regional Office has now put this disease in the spotlight by developing the first-ever action plan for the health sector's response to viral hepatitis, which will be discussed on Wednesday.

This plan paves the way to eliminating viral hepatitis from the Region by 2030, and calls for a coordinated, comprehensive and integrated health-system response.

In the past, I have shared my vision of making tuberculosis (TB) a disease of the past.

Owing to concerted efforts by countries and partners, incidence has steadily decreased (by an average of 4%) every year since 2000. This is the fastest decline in the world.

Nevertheless, there are still 340 000 new TB cases and 33 000 deaths every year in the Region. Despite the progress, the successful treatment rate for multidrug-resistant TB patients overall is low.

All these call for accelerated implementation of the action plan for the Region that was endorsed last year. With your commitment, we can move towards ending the epidemic by 2035 and eliminating TB by 2050.

Ladies and gentlemen,

I turn now to another area of future importance and potential: the life-course approach. The interaction of health determinants across the life-course is receiving much greater attention.

This was reaffirmed by the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020, held in Minsk, and the Declaration that resulted, which will be discussed later today. I offer my warm thanks to the Government of Belarus for its generous support in hosting the Conference.

This work does not stand alone, and we will continue towards developing a policy document, possibly for the 2017 Regional Committee, on the implications of the life-course approach and the Declaration.

Now let me provide some snapshots of our work following the life-course approach, starting with children.

The 2016 report of the Health Behaviour in School-aged Children study states that, while young people enjoy better health and development opportunities than ever before, many engage in behaviours that compromise their health.

This calls for more effective and targeted interventions to tackle the effects of social, health and gender inequalities among young people in Europe.

I would like to also remind you that one in four European women is subject to violence from her intimate partner once in her lifetime, which is not acceptable. Further, one in 10 women is subject to non-partner sexual violence.

During this Regional Committee session, we will discuss the strategy on women's health and well-being, which links gender, rights and determinants for more equitable health outcomes.

Let me remind you that, for 20 years, the European Region had the highest numbers of abortions. I am delighted that the latest estimates confirm a decrease, particularly in eastern Europe, where the rates decreased by more than half. This trend is due to broader access to evidence-based information, sexuality education and family- planning services. We will discuss all these when you consider the action plan for sexual and reproductive health tomorrow.

Ladies and gentlemen,

Strengthening our efforts to combat NCDs is one of our greatest public health priorities. In 2018 we must all report on the results of the national commitments made at the United Nations high-level meeting in 2012.

Here I would particularly like to thank the Russian Federation for its generous support towards establishing the geographically dispersed office on NCDs in Moscow, as well as for the support it provides in this area of work.

Now let me turn to the risk factors for NCDs.

We continued to observe excellent progress in the Region in tobacco control. A number of Member States made important legislative changes, including: plain packaging, display bans, forbidding smoking in cars in the presence of children and giving health warnings on products.

An important area for further action remains; the Protocol to Eliminate Illicit Trade in Tobacco Products of the Framework Convention on Tobacco Control has 19 Parties globally, including six countries in the European Region. Forty ratifications are needed for the Protocol to enter into force. I once more urge all Member States to ratify the Protocol without delay.

We have good news about alcohol consumption in the Region: it decreased by 11% between 1990 and 2014, although with huge differences between countries.

Yet the historically high level of alcohol consumption in the Region is still associated with a substantial amount of attributable mortality, which has increased by 4%.

Please review our new publications, including a study of alcohol-attributable mortality in Europe, which will be launched during this Regional Committee.

The Region made significant progress towards the elimination of all forms of undernutrition. An example of progress is the recently launched initiative on good maternal nutrition: the best start in life.

Nevertheless, our Region faces strong challenges related to childhood obesity. The Childhood Obesity Surveillance Initiative provides population-based monitoring of overweight and obesity among primary-school children. We estimate that 20–50% of all school-age children in many countries are overweight.

Our food and nutrition action plan and the physical activity strategy provide an ideal framework for developing national initiatives.

Ladies and gentlemen,

The last decade has seen a decline of 28% in deaths from injuries. Nevertheless, large inequalities remain between countries. The intersectoral actions that have led to decreased mortality need to be more equitably distributed, for a safer and fairer Region. WHO is cosponsoring the 12th World Conference on Injury Prevention and Safety Promotion, to be held in Tampere, Finland, next week, and I will be honoured to open it with the Minister of Health and Social Services of Finland.

Road-crash deaths have decreased by 8.1% since 2010, yet large inequalities remain. Worryingly, eight countries in the Region are reporting more deaths.

In line with the goals of the Decade of Action for Road Safety, we need to make the roads safer and encourage physically active forms of transport, such as cycling and walking, which bring added benefits for both health and the environment.

Ladies and gentlemen,

Now let me report on our work on health systems and public health, which has been a flagship for the Region.

At previous Regional Committee sessions I repeatedly emphasized the need to move towards universal health coverage (UHC).

This requires renewed efforts to implement enhanced public health services, people-centred solutions and strong, efficient health systems that can respond to the full range of health determinants, while remaining resilient to economic downturns.

These efforts have a long history. In June we marked the 20th anniversary of the Ljubljana Charter on Reforming Health Care by publishing a special edition of the *Eurohealth* journal, providing examples of health-service transformation across the Region.

We are also preparing for the celebration of the 10th anniversary of the Tallinn Charter: Health Systems for Health and Wealth, which will take place in Estonia in 2018, building on our vision endorsed by the Regional Committee last year “walking the talk on people centredness”.

Now I will give a few examples of our work for health-system strengthening.

We revitalized our work on health-system performance assessment, in collaboration with the European Commission and the Organisation for Economic Co-operation and Development (OECD).

We 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.

We have addressed health-system barriers related to specific diseases and conditions, particularly TB, and NCDs. Now we are broadening the focus to include environmentally sustainable health systems, AMR, HIV, migrant health and health emergencies.

We also launched a series of briefs on delivering people-centred health services, highlighting good practices, success stories and their impact.

We are now making key efforts to ensure primary health care with a public health approach is at the core of integrated care, through the three main avenues shown on the slide [integration of public health into primary care, integration of primary care and social care and better coordination between primary care and hospitals].

I am delighted to announce that the European Centre for Primary Health Care is now fully operational. Thanks to the Government of Kazakhstan for making this happen and hosting the Centre.

As in previous years, the training courses on health financing for UHC, and health-system strengthening with a focus on NCDs, based at our Barcelona Office for Health Systems Strengthening, continued successfully.

I thank the Government of Spain for generously hosting the Barcelona Office, and providing outstanding facilities for its work.

This year, we are excited to launch a new course on health-system strengthening to improve TB outcomes, targeting high-burden countries.

On health financing, we are working with countries to monitor financial protection and identify policies to reduce out-of-pocket payments and eliminate impoverishing expenditures.

We have expanded our work to support affordable access to effective, high-quality medicines, in response to your needs, providing policy options and tools to manage the high prices of new medicines, and effective procurement strategies to ensure supply security. We conducted the first Summer School on Pharmaceutical Pricing and Reimbursement Policies, in Vienna, Austria.

Tomorrow there will be a technical briefing on this topic and I request you to attend.

Ladies and gentlemen,

In health information, evidence and research, we continue to make real progress. Today, I shall focus only on new initiatives that operate under the umbrella of the European Health Information Initiative, which now has 25 members and is crucial in strengthening policy development and implementation in Member States.

The European health report is our flagship product, and I am delighted to inform you that the 2015 report, showing the progress towards Health 2020 targets, became the Regional Office's most popular publication in 2015.

Policy-makers used the European Health Information Gateway throughout 2015, although it was publically launched in March 2016. The Gateway is now supported by a smart-phone application, which brings together data managed by WHO and by other recognized sources, including the United Nations Educational, Scientific and Cultural Organization and the United Nations Development Programme.

Public Health Panorama, the Regional Office's bilingual peer-reviewed journal, has grown to four issues per year and the themes for future issues have already been set up to 2018.

New series of country profiles and highlights on health have been re-launched, after a history extending back 30 years. We have produced new profiles and highlights on two countries so far and will issue several more this year.

We have revitalized the Health Evidence Network (HEN) publications in the last few years and will publish the 50th HEN report this year.

We launched our European Burden of Disease Network with a first meeting in September 2015, on ensuring the harmonization and comparability of data and information.

I am delighted that 19 countries are now part of EVIPNet (the WHO Evidence-Informed Policy Network) in our Region, building capacity to develop policy briefs and establishing mechanisms to translate evidence into policy.

I would like to thank the European Advisory Committee on Health Research for its guidance in shaping the research agenda in the Region, as well as its central role in developing the European action plan for evidence-informed policy-making that you will discuss on Thursday.

We established a partnership with the European Commission in support of eHealth Week in both 2015 and 2016. In 2017, this very successful event will be jointly organized with the Maltese Ministry for Health.

The annual flagship course, the Autumn School of Health Information and Evidence for Policy-making, was held in the Russian Federation last October, followed by an advanced course in Cyprus in June.

As in previous years, we will cover several aspects of WHO reform during this Regional Committee session. Here I would like to thank you, the European Member States, for your leadership in bringing the reform forward and taking an active role at both the regional and global levels.

Let me also underline that the financial situation and financial sustainability of the Office improved in 2016–2017, and we hope to maintain this situation with the support of the Director-General and the Member States.

Ladies and gentlemen,

Our intensive collaboration with partners continues. In past years, I described our close collaboration with many important partners, including the United Nations family; the European Union; the Global Fund to Fight AIDS, Tuberculosis and Malaria; GAVI, the Vaccine Alliance; and OECD.

Now, with the adoption of the WHO Framework of Engagement with Non-State Actors, we will prepare a new strategy on partnership for consideration by the Regional Committee in 2017.

We continued intensifying our work with Member States and strengthened our country presence with the appointment of WHO representatives. Most biennial collaborative agreements were signed, and received a new impetus, along with the new country cooperation strategies with Member States.

In December, during the Conference of Parties to the Framework Convention on Climate Change in Paris, I had the honour to participate in a high-level event, organized by Monaco, with His Serene Highness Prince Albert II, Prince of Monaco.

As in previous years, ministerial visits to the Regional Office continued to be an excellent platform for discussing priorities and strengthening collaboration. We have been honoured to welcome many delegations from Member States, including ministers of Croatia, Montenegro, Poland, Portugal and the Republic of Moldova.

We were also delighted to welcome high-level delegations from countries to the Regional Office to learn more about our work and to explore the technical areas of collaboration in detail.

I had the opportunity to visit many countries during the past year: Armenia, Greece, Hungary, the Russian Federation, Slovakia and Slovenia, just to mention a few.

I was honoured to meet with heads of state, prime ministers and ministers advocating health and promoting intersectoral work.

I thank those countries warmly for their hospitality.

Your Excellencies, ladies and gentlemen,

We are moving well in the direction of equitable and sustainable health in the European Region. We have policies in place, and have received powerful global help from the United Nations 2030 Agenda for Sustainable Development.

We have many achievements, but also clear challenges. In response to these challenges across the whole spectrum of both determinants and burden of disease, what we need to do is very clear. I have emphasized these efforts in my address.

Ladies and gentlemen,

With political will and sustained technical and professional commitment, we shall continue to make progress towards, in essence, giving health and well-being their rightful places in human development.

Thank you for your attention.

Annex 5. Address by the Director-General

Mr Chairman, Mr Executive President, Madam Vice-President, Excellencies, honourable ministers, distinguished delegates, my dear Zsuzsanna, ladies and gentlemen, a very warm welcome to all of you.

I have been saying that this Region is, if not the best, one of the best. And I'll tell you why. This Region, with its largely affluent populations and stable democracies, has always been a frontrunner in matters of health, addressing problems that would later become important for the rest of the world.

This Region was the first to recognize the significant impact on health of environmental factors, including air pollution, toxic wastes, and tainted food and water, and call for urgent action.

From the first United Nations Conference on the Human Environment, held in Stockholm in 1972, to last year's climate agreement in Paris, your capitals have been the seat of historic turning points in global environmental policy. Thank you for that.

This Region was the first to raise the alarm about the rise of noncommunicable diseases (NCDs), to profile the role of lifestyle choices and to define a policy approach that aimed to make healthy choices the easy choices.

In parallel, you redefined the meaning of multisectoral collaboration, going beyond traditional work with friendly sister sectors, like education, nutrition, and housing, to take on the behaviours of powerful economic operators, like the tobacco, alcohol, and food and beverage industries.

Your countries have used the tools of advanced democracies, including legislation and fiscal measures, to confer population-wide protection against these behaviours.

You also broadened the base of preventive actions to embrace the social determinants of health, as far upstream as possible. Thanks to you and many other countries in other regions for your work to pass FENSA [the WHO Framework of Engagement with Non-State Actors]. It could not have been done without you.

The need for health in all policies, and for whole-of-government and whole-of-society approaches, was first articulated in this Region.

You were the first to advise ministries of health on practical ways to engage non-health sectors, including economic arguments that make the case for policy coherence.

The Tallinn Charter: Health Systems for Health and Wealth was a watershed event that laid the foundation for people-centred health systems that deliver integrated services across the life-course.

All these policy advances are now embodied in the Health 2020 policy framework for Europe.

European countries have consistently cared deeply about gender equality, the health of mothers and children, and the rights of women and girls, at home and abroad. I heard about your exciting discussion yesterday and look forward to your successful discussion today.

Your countries have also been leaders in the donor community, sharing your wealth with the developing world.

International cooperation in health development has benefited greatly from the International Health Partnership (IHP+), which was launched by countries in this Region.

IHP+ is now applying its principles for mutual accountability, its mechanisms for promoting harmonization and alignment, and its advanced monitoring framework to help developing countries move their health systems towards universal health coverage.

Since the start of this century, Europe's leadership role in health has taken on greater prominence. The crises you are addressing now are globally shared.

Your countries remain frontrunners and leaders, but the time lag between your work and what the rest of the world needs to do has been shortened.

Your work is deeply and immediately relevant to health everywhere in the world. In one area after another, European countries are producing models for other regions to follow.

Ladies and gentlemen,

Antimicrobial resistance (AMR) is a global crisis. For more than a decade, the European Union (EU) has been a world leader in the struggle to combat AMR.

This is readily apparent in the number of policies, directives, technical reports, strategies, and regulatory decisions designed to reduce antibiotic consumption in humans and animals, ensure the prudent use of these fragile medicines and protect specific agents that are critically important for human health.

You have moved forward in remarkable ways, as reflected in several Region-wide networks, surveillance of both resistance and consumption patterns and susceptibility testing.

Significantly, the EU-wide ban on the use of antibiotics as growth promoters in animal feed has not weakened the Region's leading position in global food production.

In responding to the AMR crisis, we have as guidance a global action plan approved by all Member States at last year's Health Assembly. What we need to see now is action.

In February, I attended the EU Ministerial Conference on Antimicrobial Resistance, hosted by the Netherlands.

The focus of that Conference was on the urgent development of national action plans. You are moving forward quickly.

Another boost for action came with the release in May of the United Kingdom's long-awaited review on AMR, chaired by the eminent economist Lord O'Neill.

With its 10 recommendations, that report presented a number of innovative ways to tackle AMR, and also to pay for it, including through a proposal for market entry rewards. This is a most welcome and compelling report.

We need research and development (R&D) incentives for new antibiotics, but also for better diagnostic tests that can reduce needless prescriptions, and for new vaccines that can reduce infections in the first place.

Around the world, we are seeing some encouraging signals. Some multinational food companies have announced that they will no longer source their meat from animals fed antibiotics, at subtherapeutic doses, as growth promoters.

On 21 September, the United Nations General Assembly will convene its first high-level meeting on AMR, signalling awareness among heads of state and government that AMR is indeed a crisis that threatens decades of hard-won gains in medicine and public health.

The meeting further signals the need for global cooperation at the highest political level.

The expected outcome is a political declaration. I have done some intelligence work and thanks to all countries in the world for the successful negotiation of the outcome document that will go to the General Assembly for endorsement. That outcome document can galvanize political will, build agreement on goals and stimulate broad-based policy approaches.

The meeting gives strong emphasis to achievement of the five strategic objectives set out in the WHO global action plan.

Two further events during the United Nations General Assembly are especially relevant to health challenges in this Region.

On 19 September, the United Nations will convene its first high-level summit on addressing large movements of refugees and migrants, with the aim of securing a more coordinated and humane approach to the crisis.

The summit represents an historic opportunity to craft a blueprint for a better international response.

Roundtables will address the root causes of large movements of refugees and the drivers of migration, consider a global compact for sharing the responsibility for refugees, with due respect for international law, and address the vulnerability of refugees and migrants during their journeys.

Ladies and gentlemen,

More than 1 million refugees and migrants entered the European Region in 2015. During that year alone, more than 3700 people seeking to reach Europe are known to have died or gone missing at sea.

The despair continues, with already more than 3000 lives lost this year.

This is a great human tragedy. The wars in the Syrian Arab Republic, Iraq and Yemen are humanitarian catastrophes. All these issues are highly charged politically.

Your strategy and action plan for refugee and migrant health is evidence-based, objective, principled and guided by a respect for human dignity and human rights.

I agree entirely with your assessment. This is not an isolated crisis, but an ongoing reality with medium- and longer-term implications for security, economies and health.

People seeking refuge in your countries include many elderly and disabled persons, as well as an increasing number of unaccompanied children.

I respect that the capacity of individual countries has been pushed to the limit. Thank you for your generosity. Let us all hope that the United Nations summit will deliver a better way of collectively addressing this tragedy.

That ultimately means addressing root causes, like global inequalities in standards of living and opportunities and seemingly endless armed conflicts.

Military forces that drop barrel bombs and poisonous gas on civilian populations and deliberately target hospitals should not be allowed to operate with impunity.

The United Nations General Assembly will also launch the report of the High-level Commission on Health Employment and Economic Growth. And I'd like to thank President Hollande of France and President Zuma of South Africa for leading the Commission. The report proposes solutions to address the deepening mismatches and inadequacies in the health workforce.

Under the pressures of demographic ageing; the heavy burden of NCDs, including dementia; and rising public expectations for care, the World Bank estimates that the world will need an additional 40 million health care workers by 2030.

By that same date, WHO projects a shortfall of 18 million health workers, primarily in low- and middle-income countries.

To address this imbalance, the Commission's report articulates a powerful narrative that views investments in the health workforce as contributing to more equitable health care, the creation of millions of decent jobs and the promotion of economic growth that is inclusive, especially for youth and women. Can you imagine the number of jobs that can be created in the health sector? Health is an investment, not just an expense.

Addressing health workforce needs is another area of European leadership. I'm sure you remember how many of your countries championed the WHO Global Code of Practice on the International Recruitment of Health Personnel. Thanks for this success.

This Region is both a source and a destination of international health migration. The new "brain drain to brain gain" project is measuring workforce migration and implementation of the Code in selected source and destination countries.

In collaboration with the Organisation for Economic Co-operation and Development and Eurostat, you are also systematically strengthening the database for evidence-informed workforce policy and investments, with the aim of building a sustainable health workforce in every country in the Region.

Ladies and gentlemen,

The European Region enters the era of sustainable development with a number of new strategies and action plans for priority challenges facing this Region.

Again, the way you address these challenges, the solutions you find and the strategies you apply, will provide a model for other regions to follow.

The HIV situation is critical. Against a backdrop of declining global incidence, new infections in this Region are worrying. They increased by 76% between 2005 and 2014 and more than doubled in eastern Europe and central Asia.

The situation in Europe is a stark warning that the epidemic is by no means over. How you adjust the control programme to reach key populations at higher risk and expand coverage with high-impact interventions will provide important lessons.

You will be considering the Region's first action plan for viral hepatitis, emphasizing the need to give special attention to the most affected groups and those most at risk.

The plan addresses multiple challenges, but how you address two in particular will be especially instructive: the high risk among prisoners and people who inject drugs, and the extremely high costs of novel therapies for hepatitis C.

These costs make the affordability and sustainability of treatment problematic, especially given the number of people in need.

I was pleased to note the technical briefing on access to new high-priced medicines. In the past, discussions about drug prices tended to focus on the importance of affordable prices to improve access in the developing world.

Recent events have shifted this focus. Several high-profile instances of exploitation by pharmaceutical companies have provoked expressions of outrage in the media and by the public, patient groups and parliamentarians.

Even the richest countries in the world cannot afford new treatments for common conditions like cancers and hepatitis C that cost US$ 50 000–150 000 per patient per year. This trend is the opposite of sustainable.

At the other extreme, ladies and gentlemen, the generic industry is losing interest in manufacturing older, off-patent medicines with prices slashed so greatly that the incentive to produce and market them is lost.

WHO is working on a model for the fair pricing of pharmaceuticals that addresses both extremes.

With universal health coverage at the centre of the health agenda for sustainable development, ways must be found to ensure that drug pricing is fair yet sufficient to stimulate R&D innovation.

In other cases, technical innovations are helping to reduce costs, especially when they support people-centred care that extends to the community and household levels. Examples include rapid diagnostic tests, self-monitoring tools for diet and exercise, and devices that enable blood pressure measurements to be taken at home. Innovation is

important going forward, especially now that it is so hard for health promotion to tell governments what to do. It is more important to empower people to promote their own health.

Your action plan for the prevention and control of NCDs is especially rich in lessons, given your long experience in tackling these diseases and the recent sharp declines being recorded. The opportunity to have a dramatic impact on health outcomes is considerable.

Two thirds of premature deaths in the Region are still caused by cardiovascular diseases, diabetes, cancers and chronic respiratory disease.

At least 80% of all heart disease, stroke and diabetes and 40% of cancers could be prevented.

Mortality from cardiovascular diseases has declined; a clear downward trend in smoking continues, and alcohol intake is steadily decreasing, though improvements are slower in eastern Europe and people in the lowest income groups suffer the most.

We are seeing some good progress and success in tobacco control. This year, the European Court of Justice upheld the 2014 EU Tobacco Products Directive, which is based on the WHO Framework Convention on Tobacco Control.

Countries in this Region are also leading the drive to introduce plain packaging. In May, France and the United Kingdom brought into force laws for plain packaging.

Both countries have made great efforts to make the packaging less attractive.

Other countries – including Hungary, Ireland and Norway – are also moving forward.

Public health has won one extremely important battle. After six years of harassment by the tobacco industry and its lawyers, tiny Uruguay, with its population of 3.5 million people, defeated the world's largest tobacco company.

In July, an arbitration court run by the World Bank ruled that Uruguay had the right to continue its anti-tobacco policies, and ordered Philip Morris to reimburse the country for some US$ 7 million in legal costs.

This is a landmark victory for tobacco control, as it upholds the right of a sovereign government to protect its citizens from a deadly and addictive product, and gives precedence to that right.

So ends a cynical attempt by a rich multinational giant to batter a small country with limited resources as a cautionary example for the rest of the world. This time the good guys won.

But beware. The battle lines are drawn.

In a world full of so many uncertainties, economic, trade, and industry considerations can dominate the agenda and override the best interests of public health.

As noted in your report, industry is re-emerging as a force of opposition to progress in tobacco and alcohol control, and is impeding efforts to improve diets.

Powerful instruments, including the WHO Framework Convention on Tobacco Control and the EU Tobacco Products Directive, are not being used to their full potential.

Through skilful and successful marketing and by modifying product-design features, the tobacco and alcohol industries have created a fast-growing market for female and underage smokers and drinkers.

You also need to engage with the food industry. We must engage them and give them the incentive to do the right thing for people. Up to three quarters of salt consumed in this Region is pre-added by the food industry. Baby food can contain up to 30% free sugars, and saturated and *trans* fats are far too common in diets.

Ladies and gentlemen,

As this is the last time I will address this Committee, let me conclude with a heartfelt request. The Region must do more to combat its obesity epidemic, especially in children.

The often-heard argument that lifestyle behaviours are a matter of personal choice does not apply to children.

As policy guidance, you have the report of the WHO Commission on Ending Childhood Obesity.

That report urges governments to accept their responsibilities to protect children, including a responsibility to take action without considering the impact on producers of unhealthy foods and beverages.

Take care of your children. Obesity and overweight in children is society’s fault, not theirs.

Thank you.

= = =

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

World Health Organization
Regional Office for Europe

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01 Email: euwhocontact@who.int
Website: www.euro.who.int