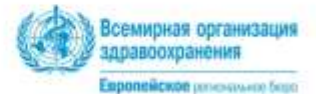


68TH SESSION OF THE WHO REGIONAL COMMITTEE FOR EUROPE

Rome, Italy, 17–20 September 2018

Report on the work of the WHO Regional Office for Europe

Dr Zsuzsanna Jakab
WHO Regional Director for Europe



Better health for Europe

Equitable and
sustainable



**HEALTH
2020**



**13th
General
Programme
of Work**



HEALTH 2020



13th
General
Programme
of Work

At the
centre of
development





**Health investment is the
smartest investment –
it pays off**

A person wearing a pink hoodie and brown pants is walking from left to right, partially obscured by a blue vertical pole. They are in front of a green fence. In the background, other people wearing hats are visible behind the fence. The scene appears to be outdoors, possibly at a public event or a transit station.

**The environment
has changed**



**We have to pursue our
agreed values**

**We need to ensure
multisectoral
responses, able to
address all health
determinants**



We must rise
to the
challenges
of
an ageing
population
and
noncommunica
ble diseases



**We must
respond to
threats from
communicable
diseases and
emergencies**



We must achieve universal health coverage with financial protection



Important new opportunities



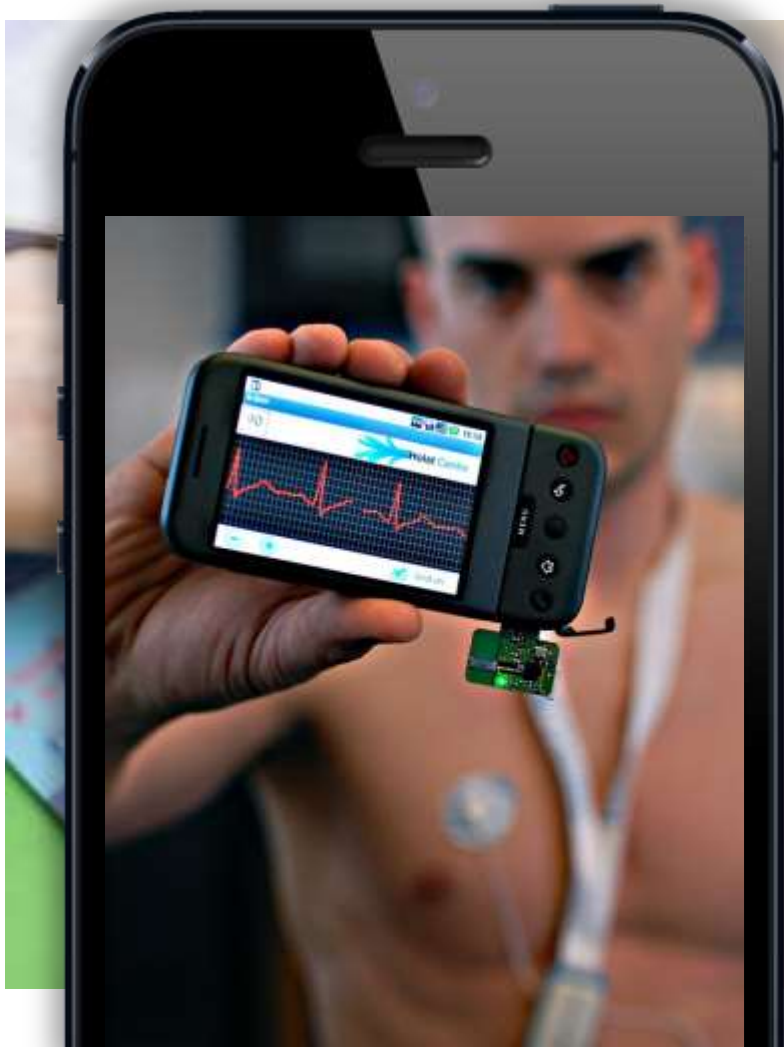
**We have new
scientific
knowledge**

**We understand
better the
complexity of
interactions**



**We can influence political,
environmental, and cultural contexts**





**Digital technology
and innovations**



Mobilizing communities

A photograph showing a woman on the left and a man on the right in profile, facing each other as if in conversation. The woman has short brown hair and is wearing a dark top with a patterned neckline. The man has dark hair, wears glasses, a light-colored shirt, a tie, and a dark suit jacket. He is holding a stack of white papers. The background is a blurred indoor setting with warm lighting and wooden paneling. A blue banner with white text is overlaid at the bottom left.

**Working together
for better health**

Health is a political choice



<p>1 NO POVERTY</p> 	<p>2 ZERO HUNGER</p> 	<p>3 GOOD HEALTH AND WELL-BEING</p> 	<p>4 QUALITY EDUCATION</p> 	<p>5 GENDER EQUALITY</p> 
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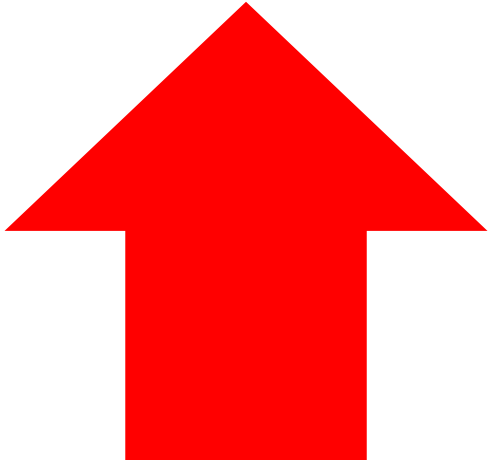
<p>6 CLEAN WATER AND SANITATION</p> 	<p>7 AFFORDABLE AND CLEAN ENERGY</p> 	<p>8 DECENT WORK AND ECONOMIC GROWTH</p> 	<p>9 INDUSTRY, INNOVATION AND INFRASTRUCTURE</p> 	<p>10 REDUCED INEQUALITIES</p> 
--	---	--	---	---

<p>11 SUSTAINABLE CITIES AND COMMUNITIES</p> 	 <p>THE GLOBAL GOALS For Sustainable Development</p>		<p>12 RESPONSIBLE CONSUMPTION AND PRODUCTION</p> 
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<p>13 CLIMATE ACTION</p> 	<p>14 LIFE BELOW WATER</p> 	<p>15 LIFE ON LAND</p> 	<p>16 PEACE AND JUSTICE STRONG INSTITUTIONS</p> 	<p>17 PARTNERSHIPS FOR THE GOALS</p> 
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35

European Member States
reported on SDG
implementation at the
High-level Political Forum



A majority of countries

now have a national health policy aligned with Health 2020





World Health
Organization

REGIONAL OFFICE FOR
Europe

EUROPEAN HEALTH REPORT

2018

More than numbers — evidence for all





Developing a common set of indicators for the joint monitoring framework for SDGs, Health 2020 and the Global NCD Action Plan

Meeting of the expert group
Vienna, Austria, 20–21 November 2017



EUROPEAN **2018**
HEALTH REPORT

More than numbers – evidence for all



EUROPEAN HEALTH REPORT

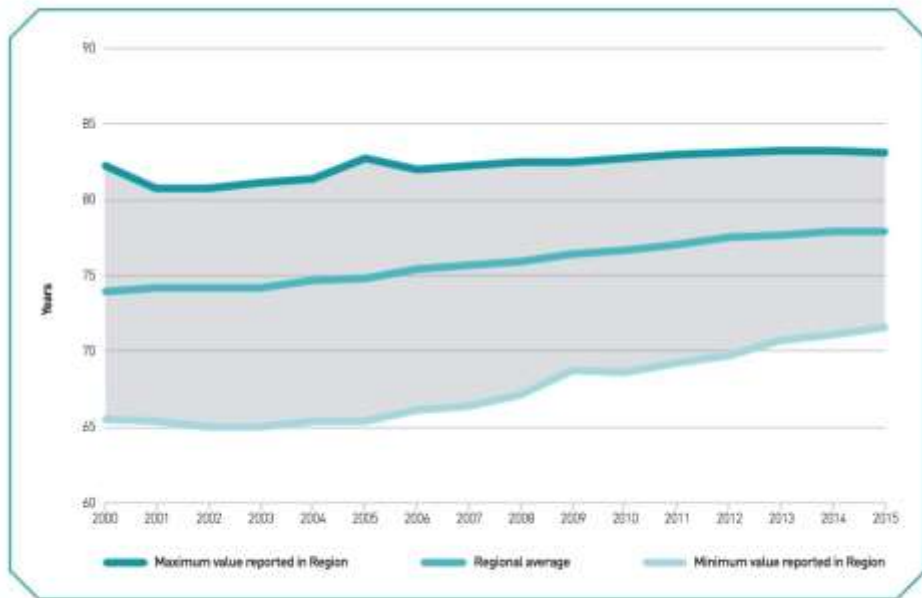
2018

More than numbers – evidence for all



2020

Figure 2.17. Life expectancy at birth (years)



Source: Health for All database on the WHO European Health Information Gateway (9).

Life expectancy at birth increased

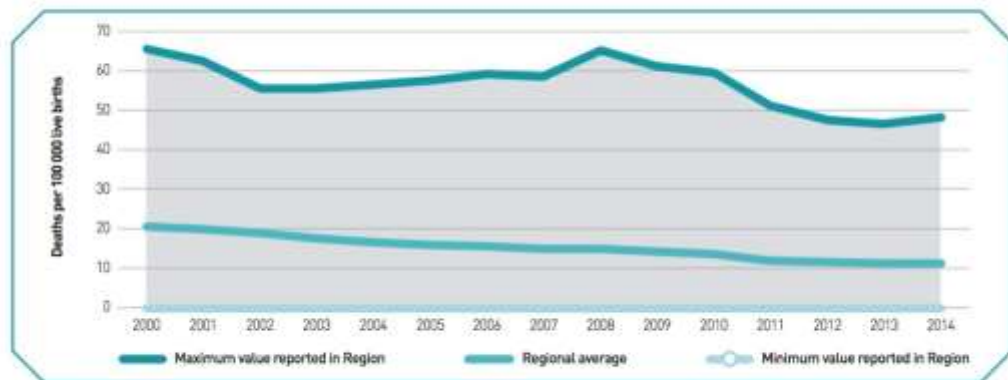


77.9 years
in 2015

76.7 years
in 2010

2020

Figure 2.36. Maternal deaths per 100 000 live births, three-year moving average



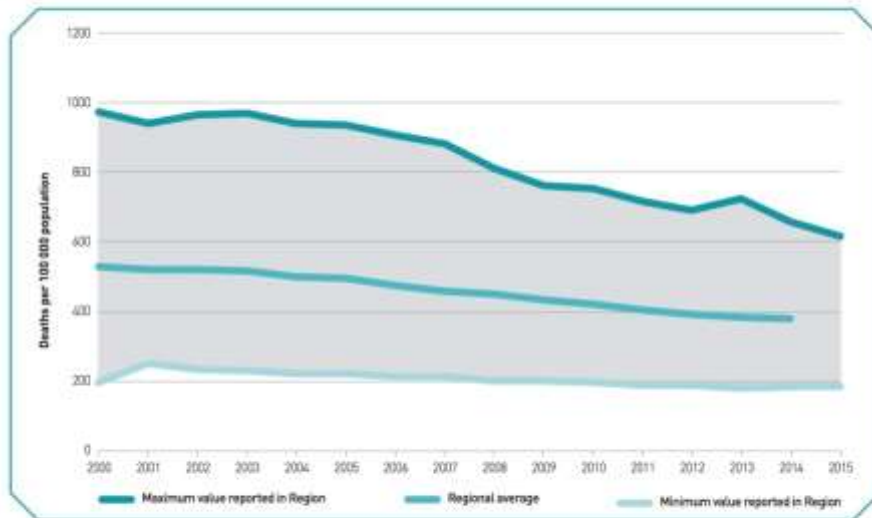
Source: Health for All database on the WHO European Health Information Gateway (9).

Maternal mortality rate decreased

13 deaths
per 100 000
live births
in 2010

11 deaths
per 100 000
live births
in 2015

Figure 2.1. Age-standardized overall premature mortality rate (from 30 to under 70 years old) for four major noncommunicable diseases (cardiovascular diseases, cancer, diabetes mellitus and chronic respiratory diseases), deaths per 100 000 population



Source: Health for All database on the WHO European Health Information Gateway (9).

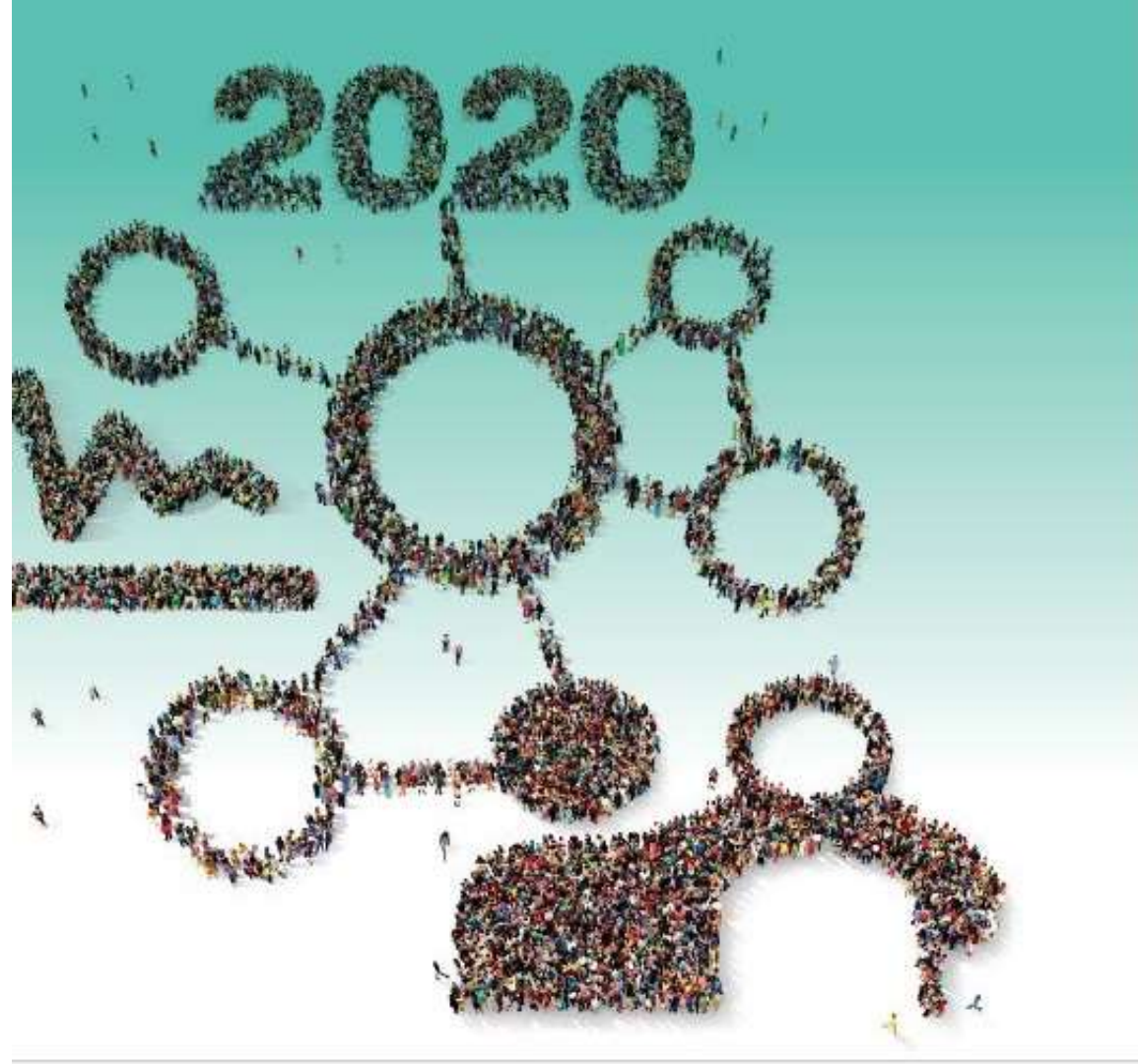
Note: The European regional average is calculated for those years when more than 26 countries (50% of 53 Member States) reported in that year. See Annex 2 for detailed notes.

On track to reduce premature mortality

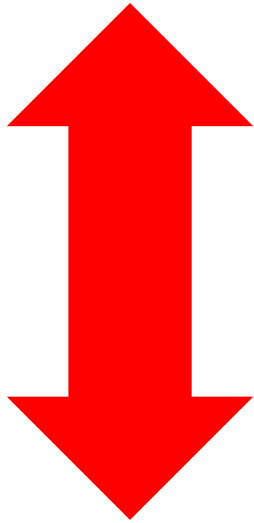
From cardiovascular diseases, cancer, diabetes and chronic respiratory diseases



By **1.5%** annually

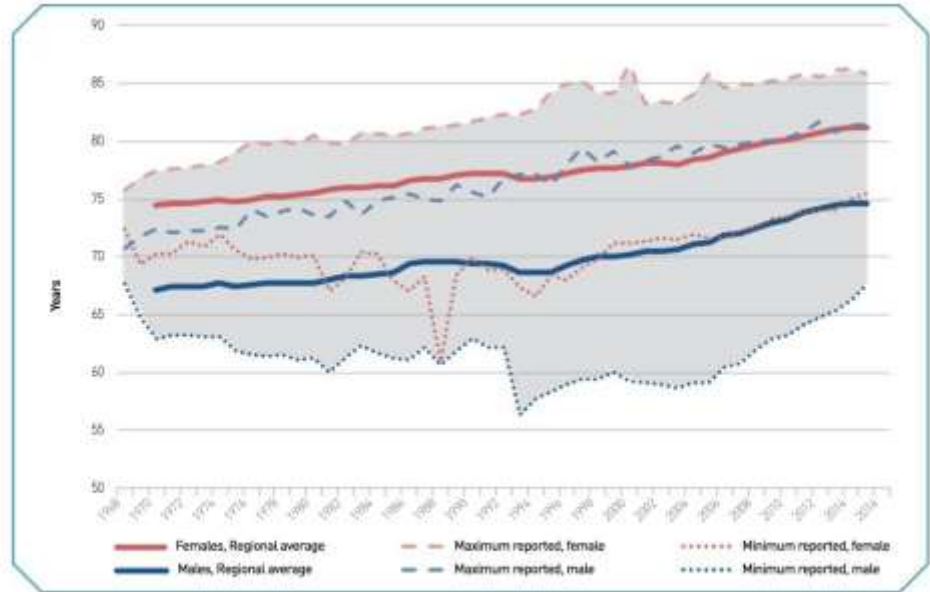


Inequities in life expectancy



More than
10 years
between countries
in the Region

Figure 2.18. Male and female life expectancy at birth (years)



Source: Health for All database on the WHO European Health Information Gateway (9).

Alcohol consumption



**Highest
globally**
among the
WHO regions

Map 2.1. Recorded pure alcohol consumption among people aged 15 and over within a calendar year, litres per capita, latest available data



Source: Health for All database on the WHO European Health Information Gateway (9).

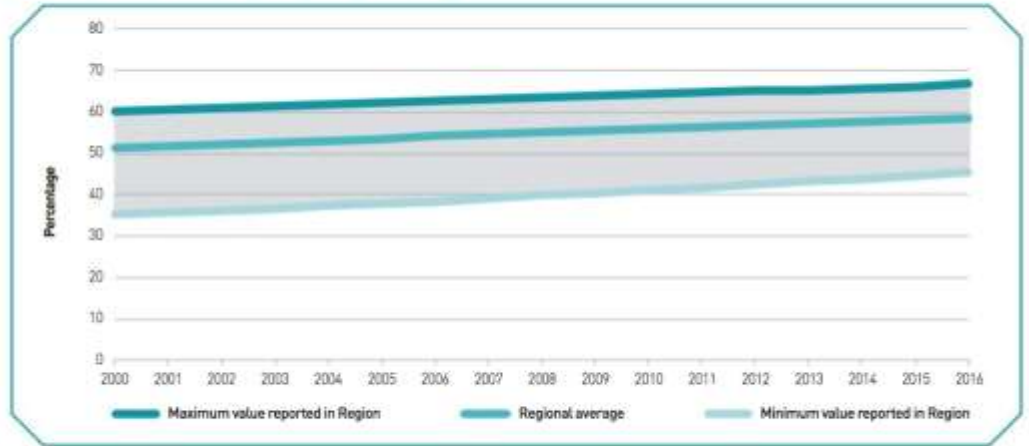
Overweight
and
obesity



Upward
trend

2020

Figure 2.8. Age-standardized prevalence of overweight (defined as BMI ≥ 25 kg/m²) in people aged 18 years and over, WHO estimates (%)



Source: Health for All database on the WHO European Health Information Gateway (9).



✗ Persistent
immunity
gaps



✗ Persistent
immunity

✗ gaps
Not on track
with HIV



3 GOOD HEALTH
AND WELL-BEING



9 INDUSTRY, INNOVATION
AND INFRASTRUCTURE



10 REDUCING
INEQUALITIES

15 LIFE
ON LAND

**Working in
transformative
ways for better
health**

**Ensure policy coherence
across sectors at all levels**

Towards a roadmap to implement the 2030 Agenda for Sustainable Development in the WHO European Region

SUSTAINABLE DEVELOPMENT GOALS



Instruments and tools for the Sustainable Development Goals



European Health Information Gateway
A wealth of information at your fingertips

- Environmental health themes**
 - Air quality
 - Chemical safety
 - Climate change adaptation, resilience and mitigation
 - Environmentally sustainable health systems
 - European environment and health process
 - Health impact assessment
 - Healthy and sustainable cities and regions
 - Waste and contaminated sites
 - Water, sanitation and hygiene
- Categories of related content**
 - Stakeholders & Projects (17 Publications, 12 Projects)
 - Evidence & evidence-informed practice (2 Policies, 12 Analyses)
 - Policy & Analysis (12 Policies, 8 Analyses)
 - Tools & Methods (1 Modelling, 9 Policy support)
 - Indicators & Visualisations (14 Publications, 14 Visualisations)
- Convenient filtering, searching and navigation**

Air quality

Search filters: Country, Region, Year, etc.

Results: Publications, Projects, etc.



NETWORKS

A KEY PLATFORM FOR IMPLEMENTATION



Summit of Mayors



Small countries initiative



South-eastern Europe Health Network

Healthy Cities Network

30th anniversary, October 2018



WORLD HEALTH ORGANIZATION
**INTERNATIONAL
HEALTHY CITIES
CONFERENCE**
BELFAST
1st - 4th OCTOBER 2018



[Welcome](#) [Programme](#) [Site Visits](#) [Social Programme](#) [Registration](#) [Venue](#) [Accommodation](#) [Belfast](#) [Organisation](#) [Contact](#) [News](#)

Welcome to the International Healthy Cities Conference 2018

Changing Cities to Change the World

Celebrating Thirty Years of the Healthy Cities Movement

1st - 4th October

[Register Now](#)

[Submit your Abstract](#)

The social determinants of health



The social determinants of health

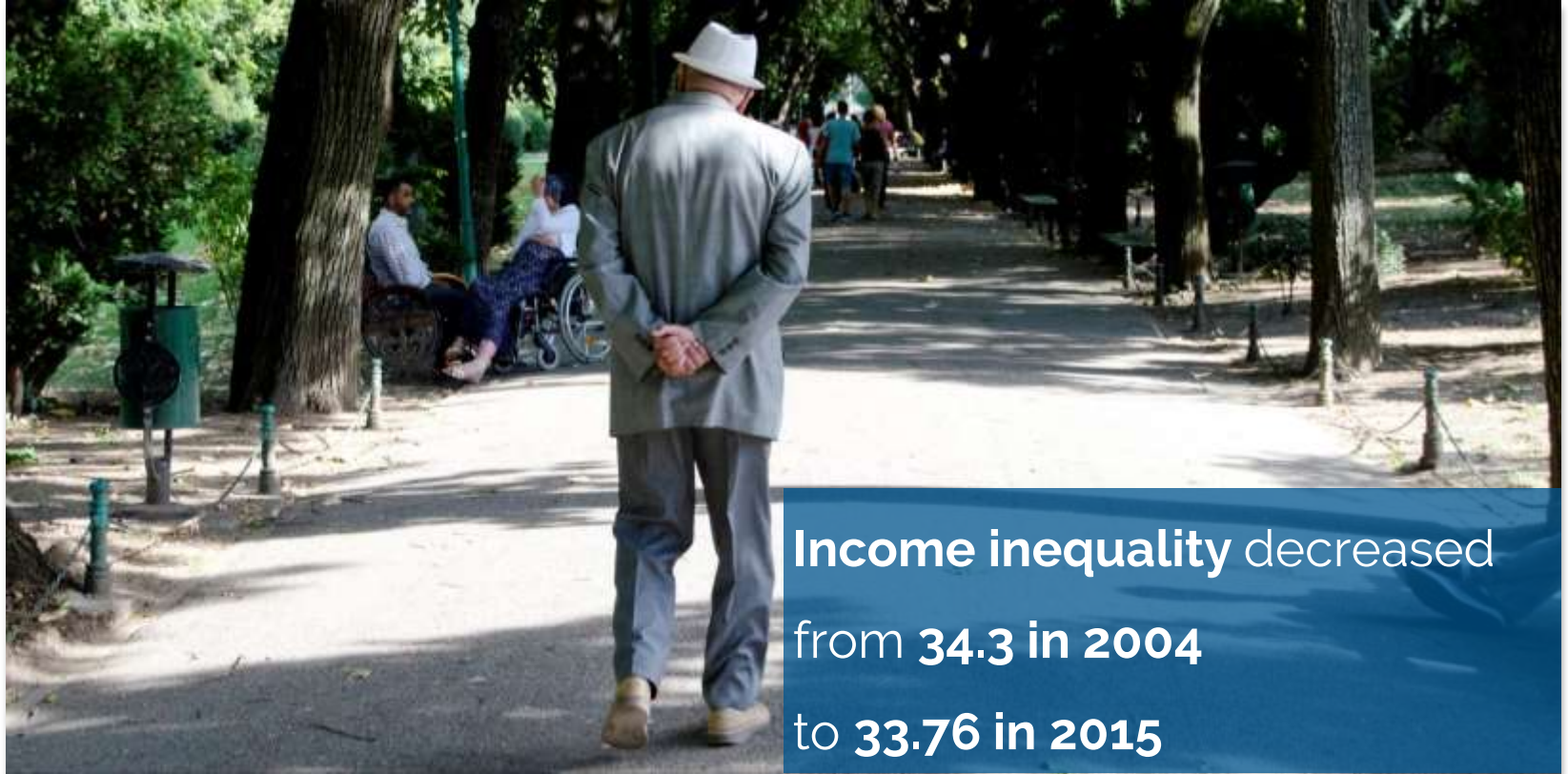
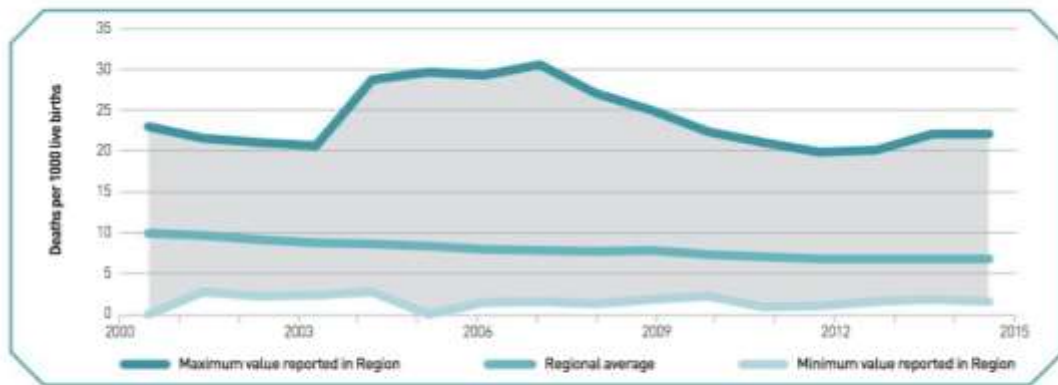


Figure 2.21. Infant deaths per 1000 live births



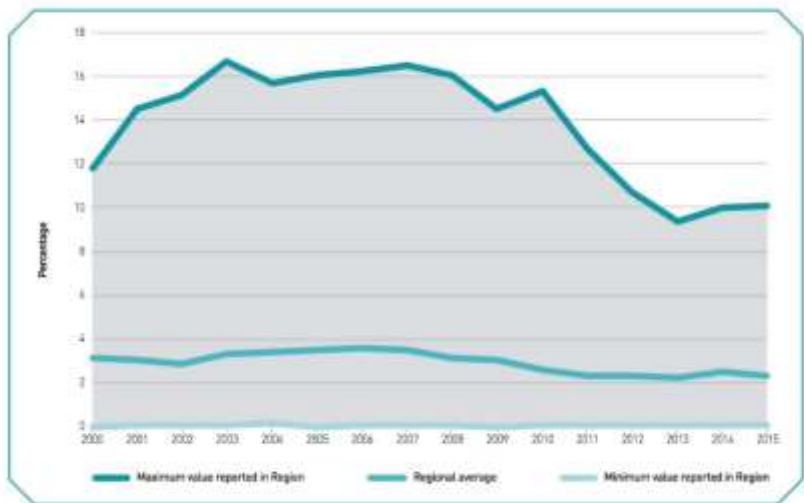
Source: Health for All database on the WHO European Health Information Gateway (9).

Note: The maximum regional value in the infant mortality rate is a reflection of the infant mortality rate in Kyrgyzstan. The sharp increase since 2004 is an artefact of the introduction of the WHO definition for live births and stillbirths in Kyrgyzstan (25, 26).

Infant mortality
reduced

But with variation
between **1.9** and **22.1**
deaths per 1000 births

Figure 2.22. Proportions of children of primary school age not enrolled (%)

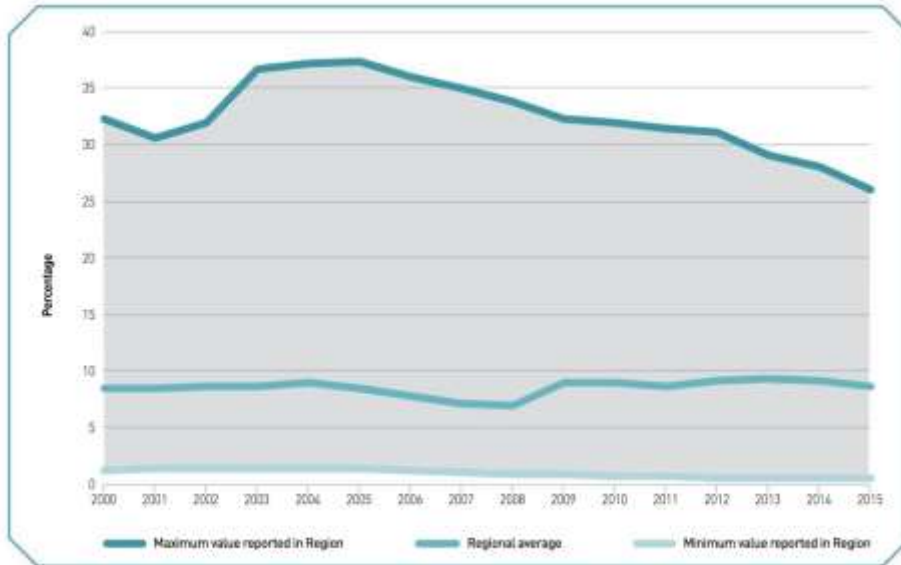


Source: Health for All database on the WHO European Health Information Gateway (9).

Enrolment in primary school

Between **0.1%** and **10.1%** of children not enrolled in schools

Figure 2.23. Unemployment rate [%]



Source: Health for All database on the WHO European Health Information Gateway (9).

Unemployment rates

Range from **0.5%** to **26.1%** (2015)

Health equity status report

Containing transformative thinking with
new evidence and policy directions





**WHO European Office for
Investment for Health and
Development**

Venice, Italy



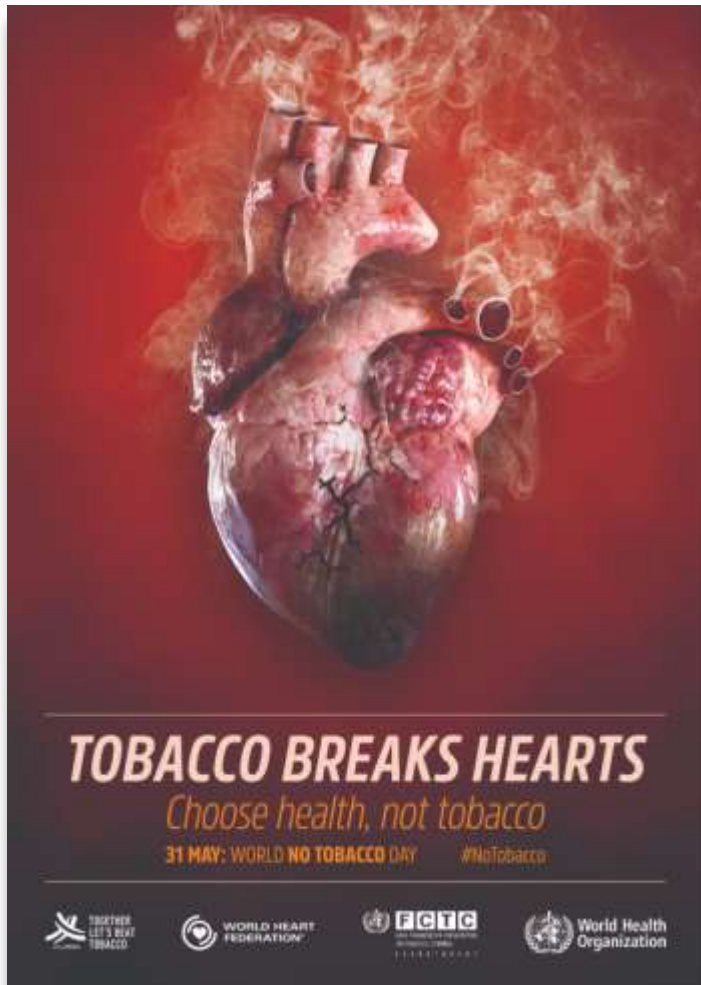
BEHAVIOURAL

DETERMINANTS OF HEALTH

Moving towards becoming “tobacco-free”

with a smoking prevalence of 5% or less





Protocol to Eliminate Illicit Trade in Tobacco Products

Enters into force
25 September

We encourage all Parties to the WHO FCTC
to **ratify the Protocol without further delay**



Alcohol consumption

has decreased since 2010, as
have overall levels of alcohol-
related mortality and
morbidity

A close-up photograph of a person's hands pouring a golden liquid, likely alcohol, from a clear glass decanter into a snifter glass. The person is wearing a silver chain bracelet on their left wrist. The background is dark and out of focus, showing a wooden surface and a white document with a blue pen.

**Europe still has the highest
alcohol consumption of all
WHO regions**
(9.8 litres of pure alcohol)



Alcohol pricing policies and restrictions on availability

A highly cost-effective use of resources
for alcohol prevention and control efforts



Resource tool on alcohol taxation and pricing policies

Editors

Bundit Sornpaisorn, Kevin D. Shield,
Esa Österberg, Jürgen Rehm



camh

CAS

สสส
สำนักงาน
กองทุน
สนับสนุน
การ
วิจัย
และ
ส่งเสริม
การ
พัฒนา
สุขภาพ



Policy in action

A tool for measuring alcohol
policy implementation





Nutrition and physical activity

Obesity prevalence has tripled in the WHO European Region since the 1980s

WHO European Childhood Obesity Surveillance Initiative (COSI)

A system designed to measure trends in
overweight and obesity among primary
school aged children



Promoting health-enhancing physical activity



All determinants aligned in a coherent policy framework





Environmental determinants

Environmental risks still cause one fifth of the burden of disease in the European Region

Sixth Ministerial Conference on Environment and Health

Ostrava, Czech Republic, June 2017



European Environment and Health Task Force (EHTF) meeting

Bonn, Germany, 20–21 March 2018



An aerial photograph of a city at sunset. The sky is filled with dramatic, dark clouds, with a bright, golden light breaking through near the horizon, creating a lens flare effect. Below, a multi-lane highway runs vertically through the center of the city, flanked by dense residential and commercial buildings. The city extends to the horizon, with mountains visible in the distance under the twilight sky.

To be considered at the World Health Assembly 2019

Global strategy on environment and health



WHO European Centre for Environment and Health

Bonn, Germany



Cultural determinants





Cultural determinants

Health and well-being are influenced by cultural factors such as values, traditions and beliefs

Commercial determinants



Prevent conflict of interest when engaging with industry



**Prevent conflicts
of interest when
engaging with
industry**





Working with the private sector within the principals of FENSA

Affirming the primacy of public over private interests



ADVANCING

PUBLIC HEALTH

FOR SUSTAINABLE DEVELOPMENT

Public health is a shared social and political responsibility




Public health is an investment



Public health is an indicator of success for the government as a whole



**High-level political
commitment and
leadership are
required**

 **World Health Organization**
REGIONAL OFFICE FOR **Europe**

Regional Committee for Europe EUR/RC69/14
60th session + EUR/RC69/Conf.Doc.15
Rome, Italy, 17–20 September 2018 8 August 2018
Provisional agenda item 5(f) 180516
ORIGINAL: ENGLISH

Action plan to improve public health preparedness and response in the WHO European Region

The draft action plan to improve public health preparedness and response in the WHO European Region, 2018–2023, aims to strengthen national and regional capacities to effectively prevent, prepare for, detect and respond to public health threats and emergencies and to provide support to affected countries, when necessary. It takes into account actions taken and lessons learned in the European Region since the International Health Regulations (IHR) (2005) entered into force in 2007, and as presented in the guiding document EUR/RC67/13, on accelerating implementation of the IHR (2005) and strengthening laboratory capacities for better health in the European Region, at the 57th session of the Regional Committee for Europe (RC67) in September 2017. It builds on the five-year global strategic plan to improve public health preparedness and response, 2018–2023, and is tailored to the needs of the European Region.

The present document outlines the draft action plan to be implemented by States Parties and the WHO Regional Office for Europe in collaboration with key partners and in line with the requirements of the IHR (2005). It is structured around the three strategic pillars described in the global strategic plan: (1) building and maintaining States Parties' core capacities required by the IHR (2005); (2) strengthening event management and compliance with the requirements under the IHR (2005); and (3) measuring progress and promoting accountability. The action plan will be accompanied by a monitoring framework with indicators for each technical area of the strategic pillars.

The regional action plan incorporates feedback received from the Member States during the Standing Committee of the Regional Committee (May 2018) and through previous web-based and face-to-face consultations on the global strategic plan. The revised regional action plan, incorporating the feedback received, is submitted to the 69th session of the Regional Committee for Europe, accompanied by a draft resolution for its adoption.

WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR EUROPE
UN City, Tomtegatan 33, SE-17123 Copenhagen, Denmark Telephone: +45 46 32 70 30 Fax: +45 46 32 70 31
Email: region@who.int Web: <http://www.euro.who.int/office-for-europe>

REPORT OF THE MEETING OF THE ADVISORY GROUP
FOR THE DEVELOPMENT OF THE DOCUMENT

“ADVANCING PUBLIC HEALTH FOR SUSTAINABLE
DEVELOPMENT IN THE WHO EUROPEAN REGION”



**A vision for
advancing public
health through a
broad consultation**



From implementing the European Strategy and Action Plan for Refugee and Migrant health...



...to the development of a global action plan



We have contributed to the *Global Compact for Safe, Orderly and Regular Migration* and the *UN Global Compact on Refugees* to ensure that health is a key component





Summer School on Refugee and Migrant Health

A simulated helicopter evacuation during a search-and-rescue simulation exercise at the Summer School on Refugee and Migrant Health, 10–14 July 2017, Syracuse, Italy



NONCOMMUNICABLE

DISEASES



Fast decline in premature mortality

We estimate
that **SDG target**
3.4 will be
achieved before
2030



Monitoring noncommunicable disease commitments in Europe

Theme in focus:
progress monitor indicators



WHO GLOBAL
ON NONCOMMUNICABLE
DISEASES

18-20 OCTOBER
MONTEVIDEO

**We need to
accelerate our
interventions**



**Monitoring noncommunicable
disease commitments in Europe**

Theme in focus:
progress monitor indicators





**It will take two
decades for
countries with
higher mortality
to catch up**

There are
equality gaps



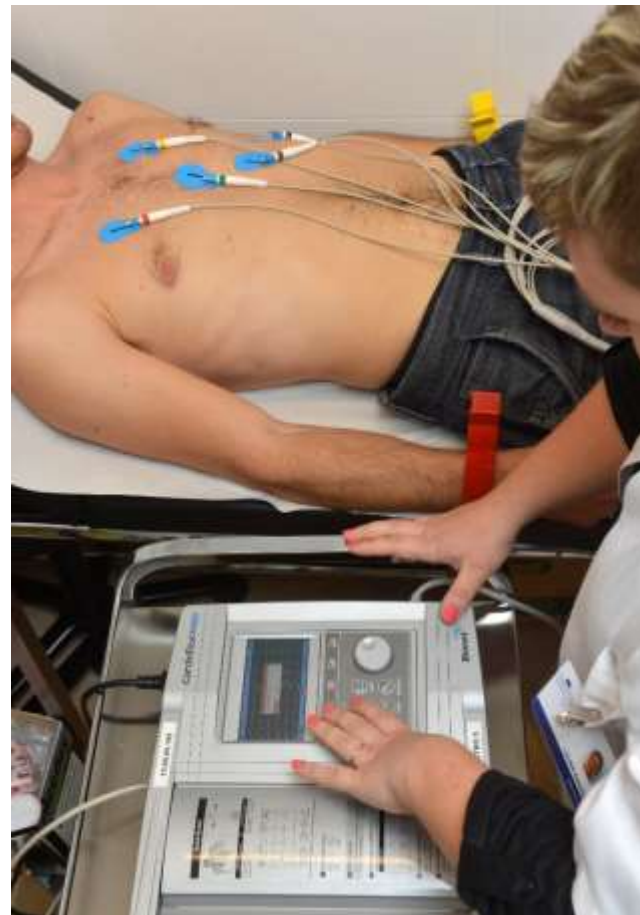


High mortality
among men
under 70 is
avoidable



Improve NCD outcomes

by strengthening health system policies – “leave no-one behind”



The high-level regional meeting – Health Systems Respond to NCDs

Sitges, Spain, April 2018





**We agreed on the
building blocks and the
need for leapfrogging**





**There is a need
for ambitious
transformation
in how we
deliver public
health and
health services**



TIME TO DELIVER



Third UN High-level Meeting
on Non-communicable Diseases

27 SEPTEMBER
2018
New York



Health systems respond to noncommunicable diseases: time for ambition

Edited by
Melitta Jakob, Jill Farrington
Lisbeth Børgersen, Frederik Marlingh



Regional Committee for Europe

68th session

Rome, Italy, 17–20 September 2018

Provisional agenda item 5(g)

EUR/RC68/12

+ EUR/RC68/Conf.Doc./7 Rev.1

16 September 2018

180480

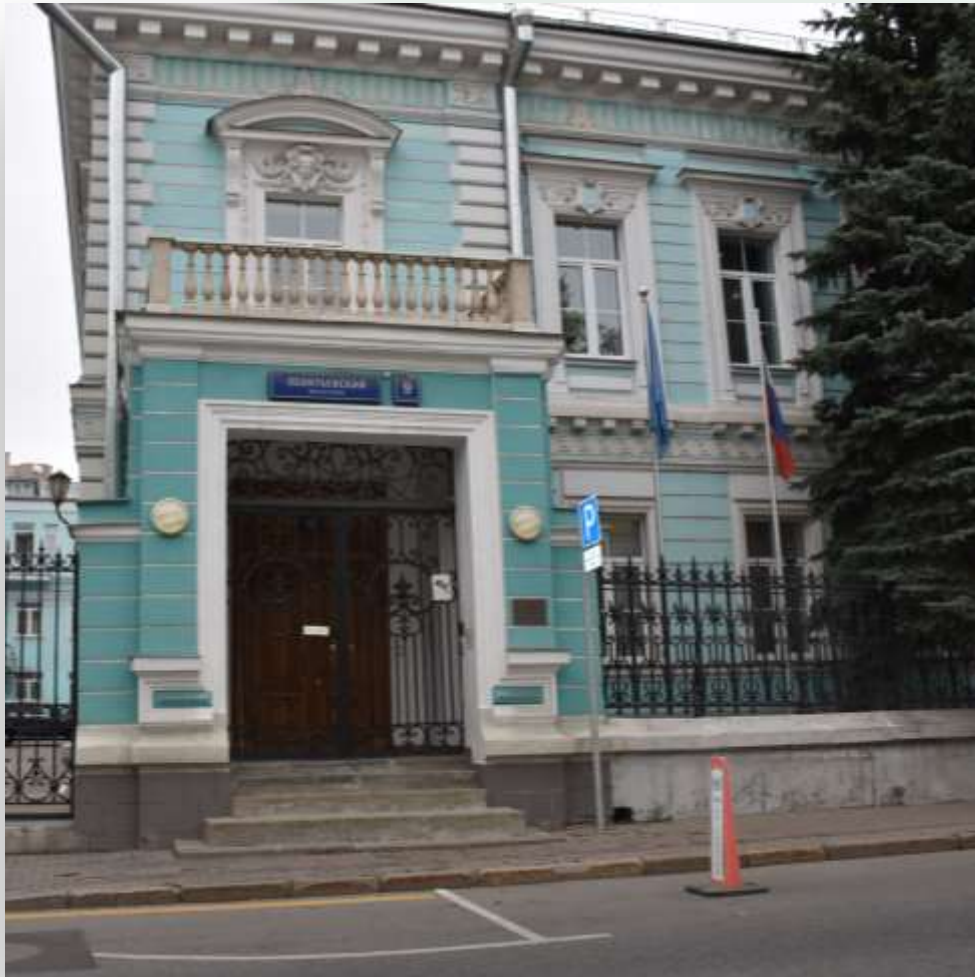
ORIGINAL: ENGLISH

Strategy on the health and well-being of men in the WHO European Region

Health 2020 recognizes that gender is an important determinant of health, and the adoption in 2016 by the 65th Regional Committee for Europe (RC65), in resolution EUR/RC65/R8, of the Strategy on Women's Health and Well-being in the WHO European Region (document EUR/RC65/14) was an important milestone in the operationalization of gender-responsive policies.

The gender approach to better health outcomes and efforts to improve gender equality in health are now being taken forward through this draft strategy on the health and well-being of men in the Region.

This draft strategy incorporates Member States' comments on previous drafts and is submitted to RC68 for consideration and endorsement.



**WHO European Office for the
Prevention and Control of
NCDs (NCD Office)**
Moscow, Russian Federation

A close-up photograph of a person's arm with a blood pressure cuff. A healthcare professional's hands are visible, one holding the cuff and the other holding a digital blood pressure monitor. The person being measured is wearing a blue long-sleeved shirt. The background is a light blue wall with a white door. A large blue diagonal overlay covers the left side of the image.

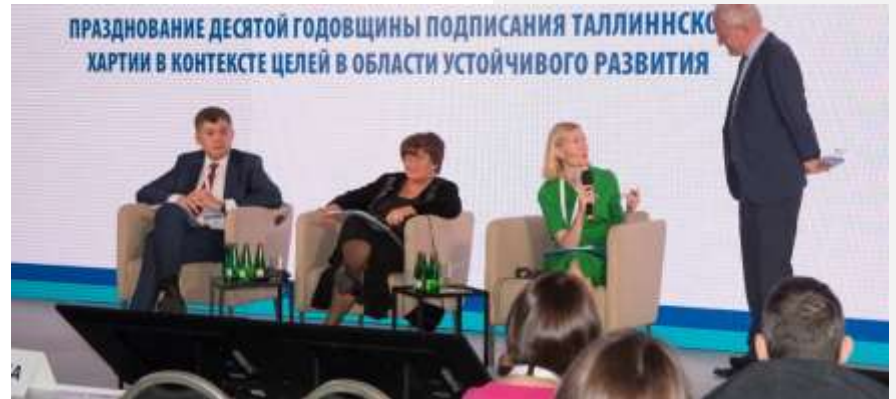
HEALTH SYSTEMS



Health Systems for Prosperity and Solidarity: Leaving No One Behind

Celebrating the 10th anniversary of the
Tallinn Charter in Estonia, June 2018

**Include, invest
and innovate**







World Health Organization
Geneva, Switzerland

Can people afford to pay for health care?

New evidence on financial protection in Austria
Thomas Czypionka, Gerald Rihrling, Eva Sie

Austria

World Health Organization
Geneva, Switzerland

Can people afford to pay for health care?

New evidence on financial protection in Germany
Marco Ullrich, Ingrid Kroll

Germany

World Health Organization
Geneva, Switzerland

Can people afford to pay for health care?

New evidence on financial protection in Estonia
Andrus Eklund, Toivo Toivola

Estonia

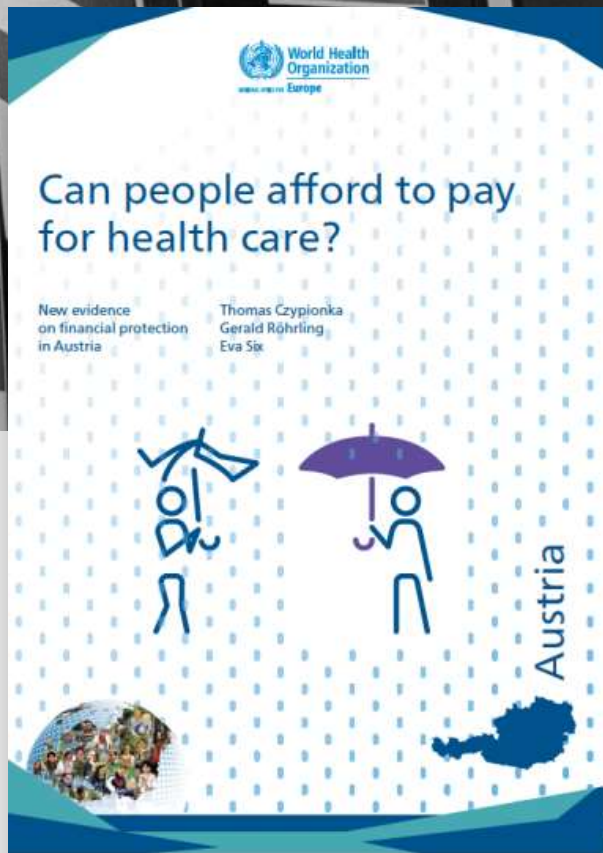
World Health Organization
Geneva, Switzerland

Can people afford to pay for health care?

New evidence on financial protection in Lithuania
Lilija Mikelyonaitė, Agnė Trusauskaitė

Lithuania

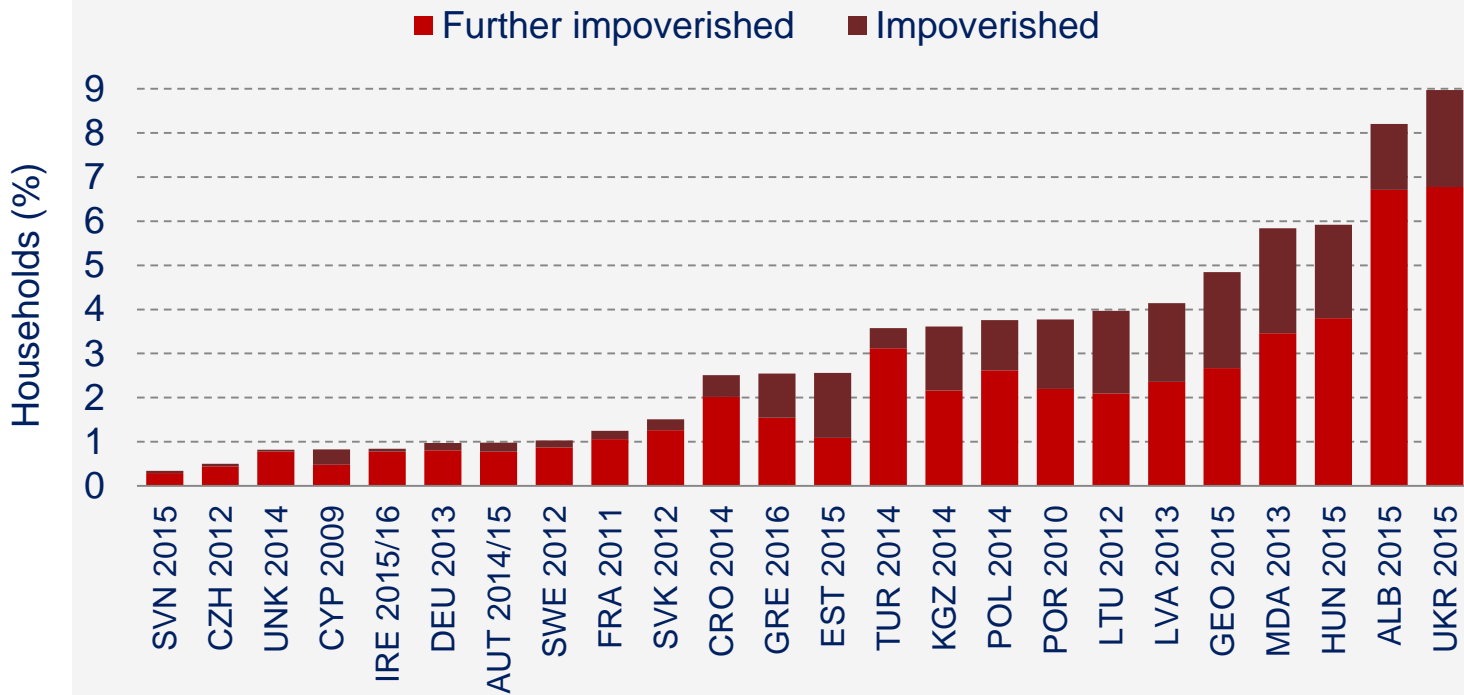
Financial protection



**Actionable policy recommendations
which are being implemented in
several countries**

Our target: a Europe free of impoverishing out-of-pocket payments for health

Share of households
impoverished
or further
impoverished
after out-of-
pocket payments



It is possible to avoid poverty due to ill health through a combination of reducing out-of-pocket expenditure to 15% of the total spending on health and strengthening pro-poor coverage policies



Dialogue between health and fiscal decision-makers





40th anniversary of the Alma-Ata Conference on Primary Health Care

25-26 October 2018, Astana, Kazakhstan

International Conference on Primary Health Care

Alma-Ata, Kazakhstan
6-12 September 1978



EUROPE

Declaration of Alma-Ata

The International Conference on Primary Health Care, meeting in Alma-Ata this twelfth day of September in the year Nineteen hundred and seventy-eight, expressing the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world, hereby makes the following Declaration:

I

The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

II

The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.

III

Economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries. The promotion and protection of the health of the people is essential to sustained economic and social development and contributes to a better quality of life and to world peace.

IV

The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.

V

Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. A main social target of governments, international organizations and the whole world community in the coming decades should be the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. Primary health care is the key to attaining this target as part of development in the spirit of social justice.

VI

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the

United Nations
high-level meeting
on universal
health
coverage 2019



Making the economic case for primary health care

The WHO Task Force on the Economics of Primary Health Care is supported by Denmark and the London School of Economics





**The WHO European Centre for
Primary Health Care**
Almaty, Kazakhstan

WHO Barcelona Course on TB Prevention





**WHO Barcelona Course on
Health Financing for Universal Health Coverage**



WHO Barcelona Office for Health Systems Strengthening

The offices continues with a series of courses on strengthening health systems, including two new courses in 2018



3rd Summer School
Pharmaceutical Pricing and Reimbursement Policies
WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies
Vienna, Austria



Access to medicines

Access to affordable, effective, quality medicines is another major component of UHC



**Improving access
requires
multidimensional
interventions**



**Efficient
transitioning to
domestic financing
and supply
management is
crucial**



ENHANCED AVAILABILITY AND
DISSEMINATION OF

HEALTH INFORMATION

European Health Information Gateway

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UPDATES

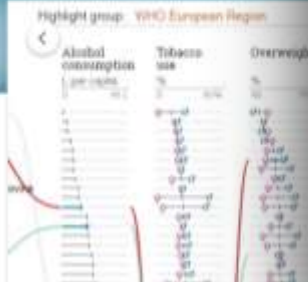
Several visual improvements to the design have been made.

12 July 2018

A new 404 "page not found" is live.

12 July 2018

New dataset - Status of child and adolescent health policies in



Volume 4, Issues 1, September 2018

PUBLIC HEALTH PANORAMA

Reducing the burden of noncommunicable diseases in Europe

The effectiveness of state policy on tobacco control in the Russian Federation: Alcohol industry actions to reduce harmful drinking in Europe: public health or public relations? Comparative analysis of the role of international organizations: Portugal: political commitment to implementing the Integrated Strategy for the Promotion of Healthy Eating

Том 4, Выпуск 1, сентябрь 2018 г.

ПАНОРАМА ОБЩЕСТВЕННОГО ЗДРАВООХРАНЕНИЯ

На пути к уменьшению бремени неинфекционных заболеваний в Европе

Эффективность государственной политики по борьбе с табаком в Российской Федерации: Деятельность алкогольной индустрии по сокращению вредного употребления алкоголя в Европе: оценка общественного здоровья для Европы? Сравнительный анализ роли международных организаций: Португалия: активные политические меры для осуществления Комплексной стратегии по популяризации здорового питания



ZUSAMMENFASSENDER BERICHT 57 DES HEALTH EVIDENCE NETWORK

Welche Erkenntnisse gibt es zu bestehenden Handlungskonzepten und verbundenen Maßnahmen sowie deren Wirksamkeit zur Verbesserung der Gesundheitskompetenz auf Landes-, Regions- und Organisationsebene in der Europäischen Region der WHO?

Gillian Rowlands | Sári Russell | Amy O'Donnell | Eileen Kavanagh | Anita Trezona | Jany Rademaker | Don Nutbeam



Annual flagship courses on health information





Health research and knowledge transition

Evidence-Informed Policy Network

EVIPnet is now active in 21 countries

European Health Research Network

Launched in Bulgaria in 2017





European Advisory
Committee on Health
Research



The European Health Information Initiative (EHII)

8 health information networks form the basis of evidence and information for health policy



A photograph showing a person's arm with a blue vaccine syringe inserted into the skin. Another person's hand is gently holding the patient's arm for support. The patient is wearing a light blue patterned hospital gown. The image is partially overlaid by a dark blue diagonal banner on the left side.

COMMUNICABLE DISEASE
PREVENTION AND
CONTROL

**The WHO
European Region
has retained its
polio-free status,**

as assessed by the European RCC
at its 32nd annual meeting,
May 2018

**Malaria
in the WHO
European
Region**



ON THE ROAD TO ELIMINATION



World Health
Organization

REGIONAL OFFICE FOR
Europe



By: Henk van den Berg
Raman Velayudhan
Mikhail Ejoy

Regional framework for
surveillance and control
of invasive mosquito
vectors and re-emerging
vector-borne diseases
2014–2020

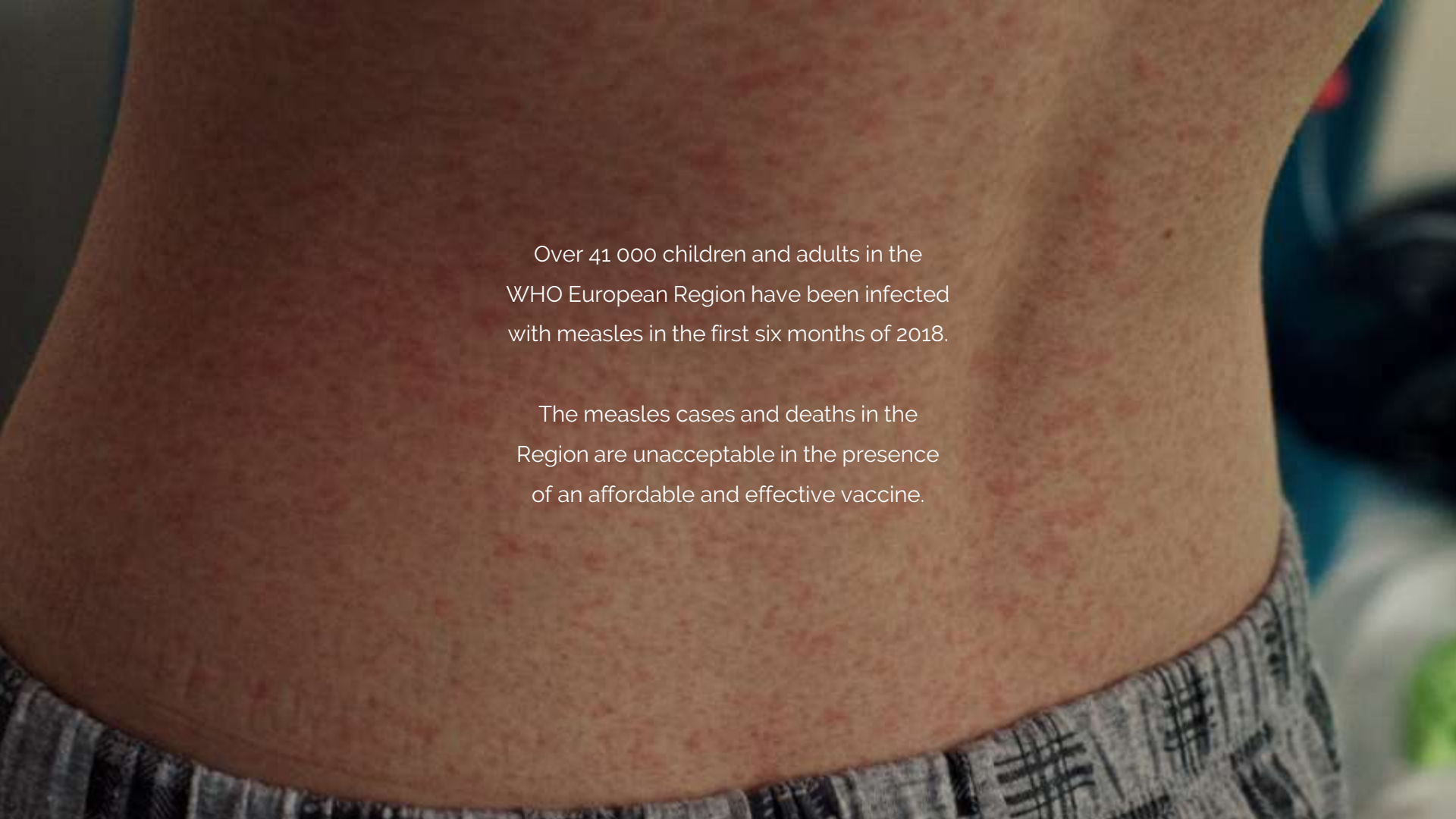
The regional framework on vector-borne diseases

contributes to the prevention and control
of vector-borne diseases



Measles and rubella elimination

We call on all countries to immediately implement broad, context-appropriate measures to stop further spread of this disease

A close-up photograph of a person's back, showing a widespread, faint red rash characteristic of measles. The rash consists of small, red, flat spots that are densely packed across the entire visible area of the back. The person is wearing grey patterned shorts. The background is blurred, showing some blue and white elements.

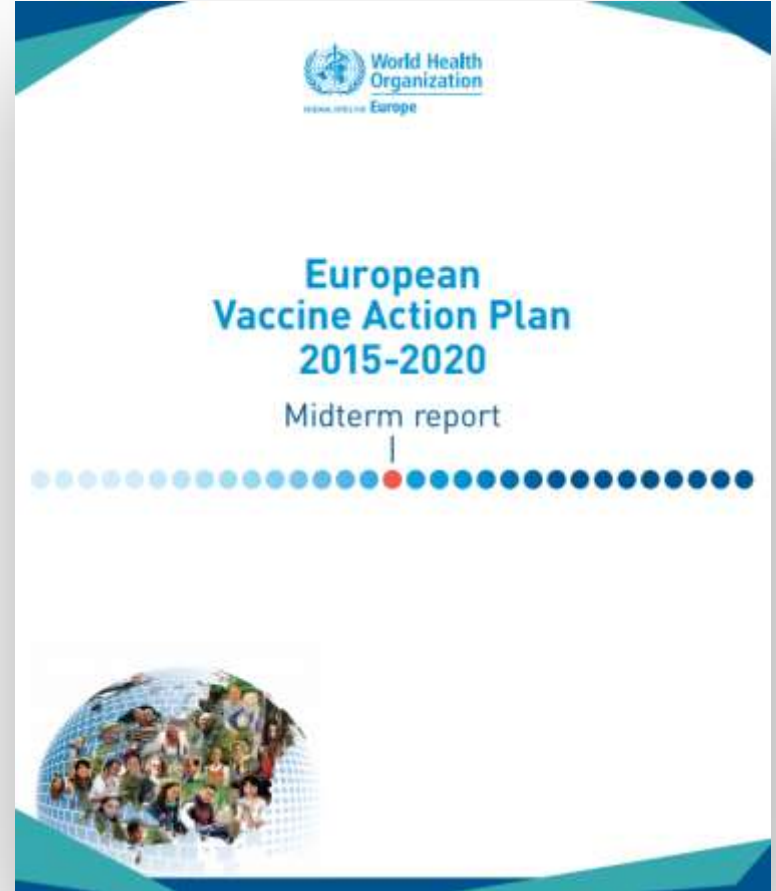
Over 41 000 children and adults in the WHO European Region have been infected with measles in the first six months of 2018.

The measles cases and deaths in the Region are unacceptable in the presence of an affordable and effective vaccine.

Place the highest political commitment towards immunization



Place the highest political commitment towards immunization



Accelerating actions on vaccine-preventable diseases

All Member States are urged to extend the benefits of vaccination equitably across the life course to all individuals in the Region



A woman with long brown hair, wearing a light pink long-sleeved blouse and a colorful, multi-colored skirt, is looking down at an exhibit. She has her hand near her chin. In the background, a young girl in a light blue shirt and a woman in a white top with a red tie are also looking at the exhibit. The background is a bright blue wall.

European Immunization Week and World Immunization Week 2018

Attending an exhibition for European Immunization Week



Tuberculosis decline



**32 new cases
per 100 000**
(2016)



**MDR-TB case
detection has
more than
doubled**

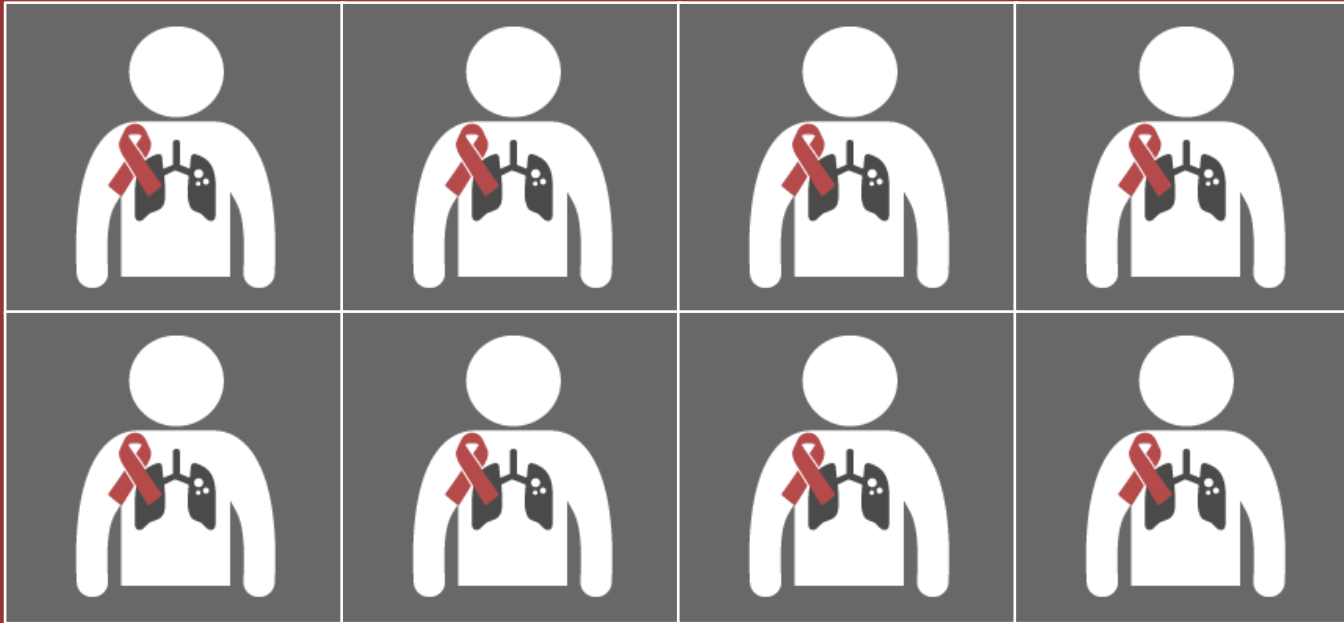


From **33%**
to 73%
(2011-2016)

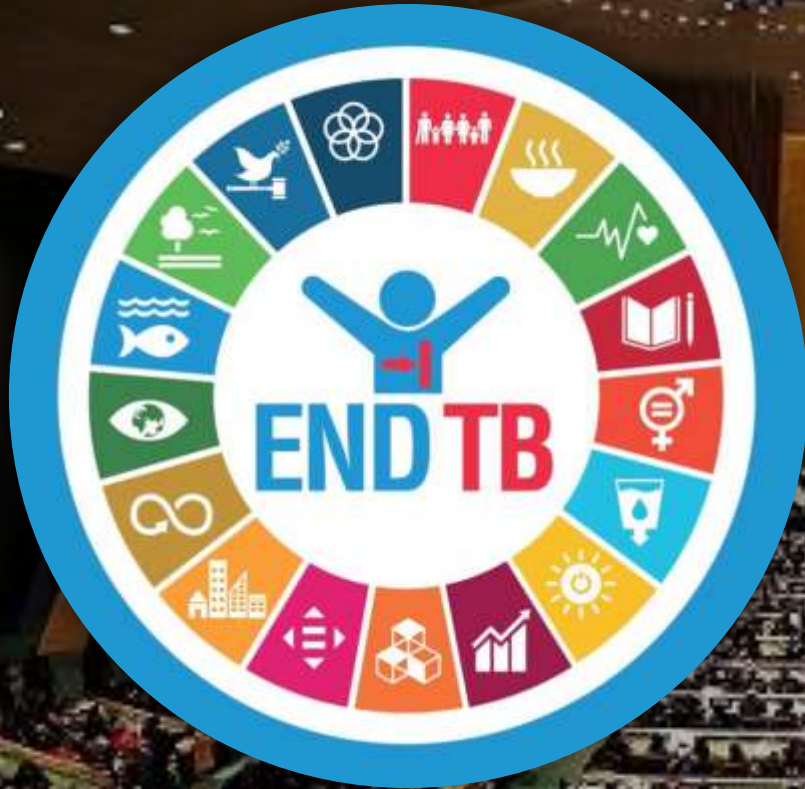


One out of five

people with MDR-TB is in the
WHO European Region



**HIV/tuberculosis coinfection has risen
from 3% to 12% in the last 10 years**



UNGA high-level meeting on tuberculosis

26 September 2018

New York, United States

Now is the time to accelerate our efforts



Substantial challenges with HIV

One fifth of all people living with HIV in the Region do not know their status

In 2017, **82% of all new HIV infections** were from eastern Europe and central Asia

Political commitment and bolder actions required



HIV key populations

- ⓘ People who inject drugs and their partners
- ⓘ Men who have sex with men
- ⓘ Sex workers
- ⓘ Prisoners



Ministerial policy dialogue on HIV in eastern Europe and central Asia

Amsterdam, Netherlands, July 2018



Take **urgent** actions to curb the HIV epidemic

The 22nd International AIDS Conference

Amsterdam, Netherlands, June 2018



Viral hepatitis

60%

of liver cancer cases are due to
viral hepatitis B and C



HEPATITIS.

**TIME TO TEST.
TIME TO TREAT.
TIME TO CURE.**

**MORE THAN 60% OF LIVER
CANCER CASES ARE DUE TO
LATE TESTING AND TREATMENT
OF VIRAL HEPATITIS B AND C
INFECTIONS.**

**#TestTreatHepatitis
#WorldHepatitisDay**



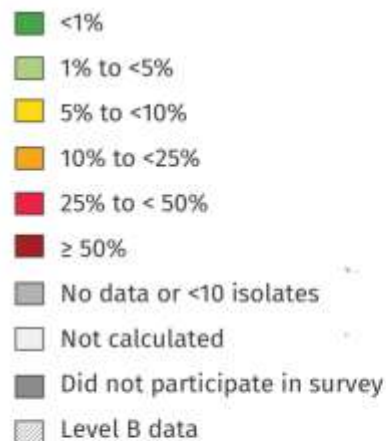
**World Health
Organization**



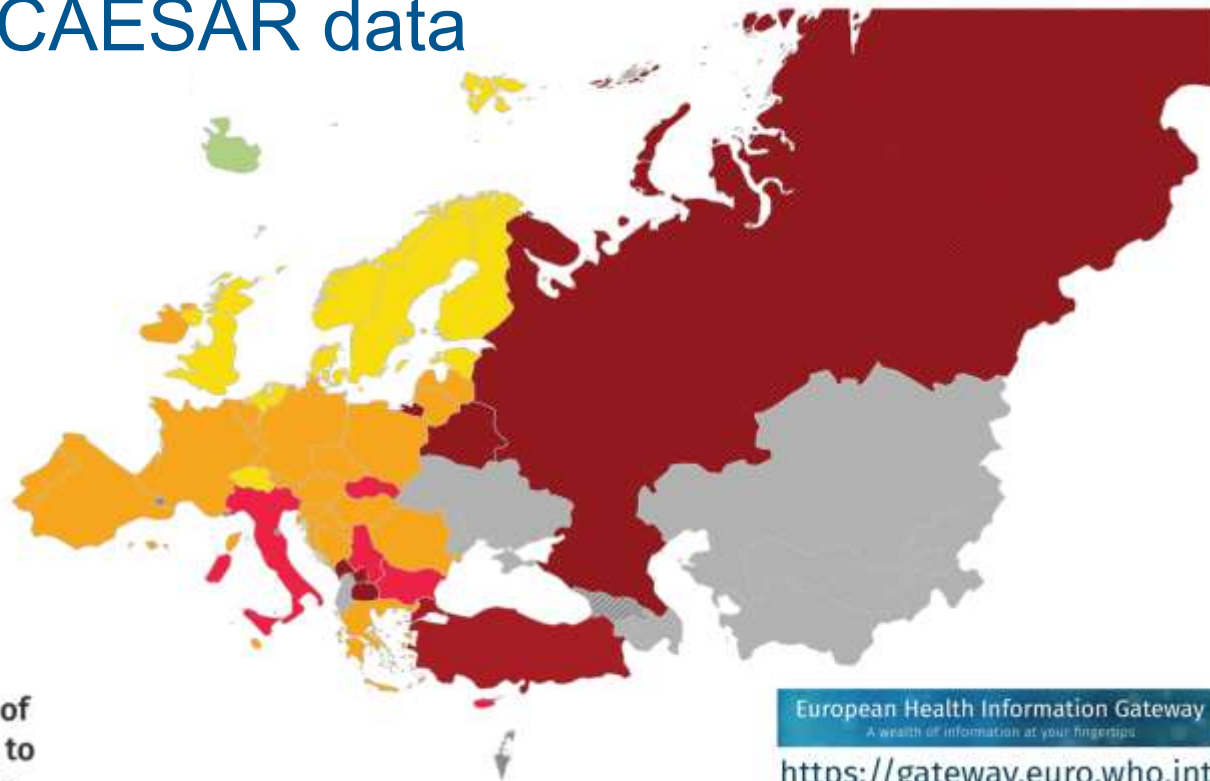
**34 countries
have developed
multisectoral
AMR action
plans**



EARS-NET and CAESAR data



Percentage of invasive isolates of *Escherichia coli* with resistance to third-generation cephalosporins



European Health Information Gateway
A wealth of information at your fingertips

<https://gateway.euro.who.int>

*Kosovo (in accordance with Security Council resolution 1244 (1999)). Level B data: the data provide an indication of the resistance patterns present in clinical settings in the country, but the proportion of resistance should be interpreted with care. Improvements are needed to attain a more valid assessment of the magnitude and trends of antimicrobial resistance in the country. Levels of evidence are only provided for CAESAR countries and areas. Data sources: CAESAR (©WHO 2017) and EARS-Net (©ECDC 2017).



Her Royal Highness the Crown Princess of Denmark

WHO/Europe acknowledges the valuable support in raising awareness of AMR

A woman wearing a blue hard hat, a blue vest with a logo, and blue jeans is pointing towards a large stack of boxes wrapped in clear plastic. She is standing in a warehouse or storage area. In the background, a man in a grey jacket is also looking at the boxes. There are other people and stacks of boxes visible in the distance. The scene is brightly lit, possibly from natural light coming through an open doorway.

HEALTH EMERGENCIES,

PREPAREDNESS

SURVEILLANCE AND

RESPONSE



Regional action plan to improve public health preparedness and response

**Turkey is providing
universal access to
quality health services
for 3.5 million Syrian
refugees**



Training of the Syrian health workforce



An example of social inclusion and adaptation



WORKING FOR AND WITH
COUNTRIES















17 PARTNERSHIPS
FOR THE GOALS

PARTNERSHIPS

FOR IMPROVED HEALTH AND POLICY COHERENCE



3

GOOD HEALTH AND WELL-BEING



The screenshot shows the WHO Europe website. At the top left is the WHO logo and the text "World Health Organization REGIONAL OFFICE FOR Europe". On the right, there are language options for "English" and "Français". Below the header is a navigation menu with tabs for "Home", "Health topics", "Countries", "Publications", "Data and evidence", and "Media centre". The main content area has a breadcrumb trail: "Health topics > Health policy > Sustainable Development Goals > Publications > European issue-based coalition on health: Report of first meeting (2016)".

Sustainable Development Goals

- News
- Events
- Policy
- Partnerships and intersectoral action
- Publications**
- Contact us

European issue-based coalition on health: Report of first meeting

Download

English (PDF, 625.3 KB)

Copenhagen, Denmark, 10-11-2016

The first meeting of the Issue-based Coalition on Health took place at the WHO Regional Office for Europe in Copenhagen, Denmark, on 10 November 2016. The Coalition was established at the meeting of the United Nations Development Group (UNDG) Regional Team for Europe and Central Asia held in Geneva, Switzerland, on 11–12 May 2016 as a useful mean of cross-sectoral cooperation on health.

The purpose of this coalition, led by the WHO Regional Office for Europe, is to act as a pan-European mechanism to facilitate and promote the implementation in the Region of the targets of Sustainable Development Goal 3 and the health-related targets of the other goals by coordinating the activities of the relevant United Nations programmes and specialized agencies and other intergovernmental organizations and partners.

The agencies participating in the first meeting included the United Nations Children's Fund (maternal and child health), United Nations Population Fund (reproductive health), Joint United Nations Programme on HIV/AIDS (AIDS), United Nations Development Programme (development), Office of the United Nations High Commissioner for Human Rights (human rights), Office of the United Nations High Commissioner for Refugees (migration), United Nations Development Programme and United Nations Office for Project Services.

Meeting participants discussed the added value of the coalition, criteria for identifying priorities, four work areas to be further developed, cross-cutting aspects (such as equity), as well as the potential for advocacy and information sharing. The meeting report will be made available for further discussion and input at the joint meeting of the Coordination Mechanism and the Europe and Central Asia UNDG on 5–6 December 2017. The next meeting will be held in Copenhagen, Denmark, on 10–11 November 2017.



Cihan Sultanoglu

Assistant Administrator of the UN Development Programme (UNDP) and the Programme's Regional Director for Europe and the Commonwealth of Independent States (CIS)



We have been actively preparing for the UN reform process





Working with the European Union



**Senior official meeting
between WHO and the
European Union**

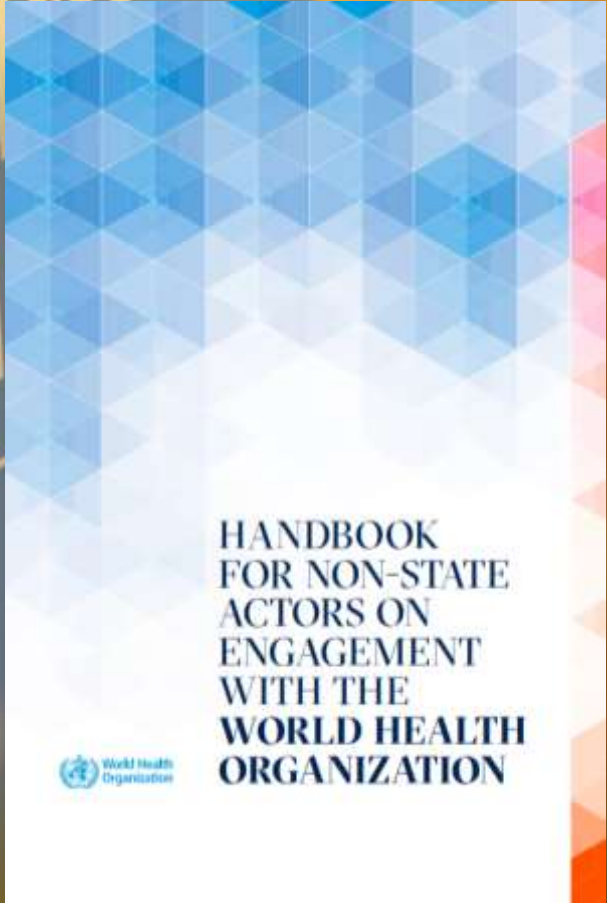


**Collaboration with
current and past
European Union
Presidencies**



World Health
Organization

REGIONAL OFFICE FOR
Europe



**HANDBOOK
FOR NON-STATE
ACTORS ON
ENGAGEMENT
WITH THE
WORLD HEALTH
ORGANIZATION**



World Health
Organization



WHO LEADERSHIP IN IMPLEMENTATION OF THE

GPW 13

13th General Programme of Work 2019-2023





Committed and well equipped to deliver the “triple billion” goal





The WHO Regional Office for Europe

Located at UN City, Copenhagen, Denmark









World Health
Organization

REGIONAL OFFICE FOR Europe





World Health
Organization









**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Better Health for All