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## **Beyond 2020: status of WHO European regional action plans within the scope of the Sustainable Development Goals and WHO's Thirteenth General Programme of Work, 2019–2023**

The WHO Regional Office for Europe has been implementing specific actions guided by regional action plans that were developed under the overarching and unifying strategies of Health 2020 and global strategies and action plans developed as part of WHO's Twelfth General Programme of Work, 2014–2019. These action plans have been critical to achieving significant health gains across the WHO European Region.

Many of these regional action plans will expire soon. They are now under review to identify the most effective actions for the future. The present document aims to inform Member States about the current status of the regional action plans and propose a methodology for the development of future frameworks.

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## **Background**

1. In 2016 the Sustainable Development Goals (SDGs) came into effect. The foundation of WHO's work is SDG 3: ensure healthy lives and promote well-being for all at all ages. Under this framework, the Organization aims to give everyone, in all social groups, the opportunity to live not only long but also healthy lives. Although SDG 3 is central to WHO's work, around half of the SDGs are directly related to the activities of the Organization.

2. At the Seventy-first World Health Assembly, in 2018, WHO Member States adopted the Thirteenth General Programme of Work, 2019–2023 (GPW 13), which established a set of interconnected strategic priorities and goals to implement the WHO vision and ensure healthy lives and promote well-being for all at all ages, as well as to support achievement of the other health-related SDGs. GPW 13 sets out WHO's strategic direction, outlines how the Organization will proceed with its implementation and provides a framework to measure progress in this effort. GPW 13 is based on the SDGs, is relevant to all countries and contains the "triple billion" targets that will require a joint effort by Member States, WHO and other partners: one billion more people benefiting from universal health coverage (UHC); one billion more people protected from health emergencies; and one billion more people enjoying better health and well-being.

3. UHC is fully aligned with the SDGs and includes financial risk protection, access to high-quality health services, and safe, effective, high-quality and affordable medicines for all.

4. In recent years, WHO has developed a series of global strategies and action plans covering areas including the prevention and control of noncommunicable diseases (NCDs), the strengthening of health systems and public health, and the prevention and control of communicable diseases.

5. In 2018 several important global conferences were held which involved endorsement of outcome statements or declarations, or commitments, by Member States. The third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases conducted a comprehensive review of the subject, and established that it is time to deliver on the commitments made. The Global Conference on Primary Health Care endorsed a new declaration emphasizing the critical role of primary health care around the world. The first-ever United Nations General Assembly High-level Meeting on the Fight Against Tuberculosis called for the acceleration of efforts to end tuberculosis and to reach all affected people with care.

## **Status of WHO European regional action plans and strategies**

6. The WHO Regional Office for Europe has been implementing specific actions guided by regional action plans that were developed under the overarching and unifying strategies of Health 2020 and global strategies and action plans developed as part of WHO's Twelfth General Programme of Work, 2014–2019.

7. These action plans have been critical to achieving significant gains across the WHO European Region. Importantly, they were developed and implemented in line with WHO's global strategic priorities, with actions and activities selected for inclusion in the regional

action plans that were assessed to be the most effective and efficient for implementation by Member States of the European Region.

8. By adopting and implementing these action plans, and as a result of their coordinated and sustained effort to protect and improve the health and well-being of populations across the Region, Member States of the Region took decisive steps towards achieving global targets and implementing the programme of work.

9. Many of these regional action plans will expire in 2020. They are now under review to identify the most effective actions for the future based on evidence from across the Region and in alignment with recent global public health policy developments. The current status, challenges, opportunities and way forward for each of the regional action plans are detailed in the Annex.

10. Progress reports for many of these regional action plans have been submitted to previous sessions of the WHO Regional Committee for Europe, to provide an update on progress made by countries in implementation of the priority actions and to provide the most recent data on the epidemiological and policy situation. The next progress reports for these action plans will be submitted to the Regional Committee in 2020 and 2021.

11. The present document aims to inform Member States about the current status of the regional action plans, the work planned to continue their implementation and the way forward to develop the subsequent plans that will advance the work.

## **Challenges**

12. The recently adopted GPW 13 supersedes the previous programme of work and sets new strategic priorities in alignment with the SDGs. It is therefore essential that the Regional Office's action plans are in line with the WHO operating model at the three levels of the Organization and, through partnerships established or under development within and beyond the health sector, to ensure they can be implemented effectively and efficiently throughout the Region.

13. The regional action plans expiring in 2020 will need to be revisited to address their alignment with the most recent global action plans and scientific evidence before they are updated or superseded by new policy frameworks. It is essential that new action plans are developed through a process that draws on recent high-quality epidemiological data from countries as well as emerging evidence of best practices both globally and regionally, in order to inform the recommended priority actions needed to achieve the SDGs and fulfil the Organization's commitment to UHC.

## **The way forward**

14. Beyond 2020, a robust process will be needed to ensure the continued implementation of the actions that evidence indicates are essential to the promotion and protection of the health of populations across the Region. While both the Organization's and the global and regional policy environments are shifting, it is important that the momentum built up over

previous years with regard to activities undertaken in countries continues to be supported, especially in areas where progress has been made or where scale-up is needed.

15. This process will involve revisiting and renewing both the required actions and level of ambition, in order to focus more on implementation at the country level and achieve the SDGs. The aim is also to implement the Declaration of Alma-Ata and achieve UHC in the Region.

16. It is important that the next action plans are developed in alignment with the overarching global and regional strategies and that the priority actions are updated and refined based on the most recent data and evidence. Monitoring and surveillance of NCDs and their risk factors – mental health conditions, health determinants through the life course, and violence and injuries – across the Region are currently being greatly strengthened, and high-quality data will become available along with evidence of best practices to inform the development of new action plans.

17. The robust process of revisiting and refining plans will comprise a comprehensive consultation process involving Member States, researchers, technical experts, civil society organizations and other important stakeholders, as appropriate, to identify areas where new actions are needed, based on the latest evidence and best practices. In addition, tools will continue to be developed as global and regional public goods to support implementation of the required actions and provide a solid basis for the development and implementation of subsequent regional action plans.

18. Building the evidence base for effective actions will enable WHO to develop effective and comprehensive action plans that can guide concerted action by all stakeholders. Following this consultation process and the extensive technical work required to revisit and renew the action plans, WHO will be in the strongest possible position to provide Member States with high-quality guidance and technical support in their efforts to: prevent and control NCDs and their risk factors, as well as communicable diseases; improve mental health and reduce the prevalence of life-course diseases, violence and injuries across the Region; and ensure stronger, more robust health systems and public health capacities and operations in countries.

## **Annex. Current status, challenges, opportunities and way forward for each of the WHO regional action plans that will expire in 2020**

### **European Food and Nutrition Action Plan 2015–2020**

#### ***Current status***

1. The European Food and Nutrition Action Plan 2015–2020 has placed the WHO European Region at the forefront of global discussions regarding policy development, evaluation and surveillance. First, the huge expansion of the WHO European Childhood Obesity Surveillance Initiative would not have been possible without the strong political mandate provided by the Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020 and the subsequent Action Plan, both of which underlined the importance of improved surveillance to informing and building the case for effective policies for better food and nutrition. The Action Plan has also enabled the WHO Regional Office for Europe to bring together Member States of the Region in action networks for reducing food marketing pressure on children and for salt reduction. These models of engagement with Member States are now being replicated in other WHO regions. Via these networks, the Regional Office was able to develop tools such as a regional nutrient profile model, which provides guidance on how to classify foods in order to restrict the marketing of “unhealthy” foods. This tool has been implemented in national legislation in several Member States and is also being used by companies looking to take an ethical approach to food marketing. Finally, the Action Plan has provided a framework for engagement with Member States and donors on priority activities. The Regional Office’s nutrition programme has been one of the most active in supporting Member States, notably via implementing biennial collaborative agreements (the number of which has increased significantly since 2015) and project funding.

#### ***Challenges and opportunities***

2. The systems that grow, produce, distribute, regulate, market and sell food are increasingly complex and global, and many challenges remain, including at the intersection of nutrition and environmental sustainability, where healthier diets mean a healthier planet. Many actors need to be engaged to deliver changes in this area. Governments can make it easier to procure healthier (and more sustainable) food and can assist consumers to make healthier choices through changes to the availability and affordability of products. Businesses must produce, market and distribute healthier options and resist promoting unhealthy foods. Local governments and cities can influence what people eat, the foods they demand and what they feed their children, through planning decisions and local food initiatives aimed at providing minimally processed, locally procured options. However, countries will struggle to do this at scale on their own. There is increasing recognition that cooperation, exchange of good practices and common approaches are needed. Here, there is a clear role for extended collaboration between the Regional Office and its Member States.

#### ***Next steps***

3. Notable examples of actions that could be implemented with an extension of the Action Plan include providing tailored guidance on complementary feeding and the challenges posed by commercial foods for infants; advancing interpretive front-of-pack labelling; incorporating into policies concerns regarding sustainable food systems to ensure that good nutrition is also

good for the environment; revitalizing the role of the education sector in improving food literacy; ensuring good maternal nutrition by transforming maternal health services and supporting countries to advise and train health professionals in this area; addressing important gender dimensions of nutrition, diets and obesity; learning from the childhood obesity management systems used in various Member States, providing guidance on what works and what does not; improving health systems' responses to nutrition-related diseases, in particular obesity and diabetes, with a focus on primary health care and inspired by the Declaration of Astana; tackling the digital marketing of foods to children; providing Member States with tools to reduce the harmful impact of commercial promotion of "unhealthy" foods; and maintaining and expanding existing monitoring and surveillance systems for nutrition and diet-related noncommunicable diseases (NCDs), notably cardiovascular disease, diabetes and obesity.

## **Strategy and Action Plan for Healthy Ageing in Europe, 2012–2020**

### ***Current status***

4. In the context of the rapidly ageing population in the European Region, promoting healthy ageing is indispensable for achieving the health and well-being targets of the Sustainable Development Goals (SDGs) and the Thirteenth General Programme of Work (GPW 13). Gains in life expectancy are increasingly due to reduced mortality among people aged 70 years and older (accounting in many countries for 30% to over 40% of total life expectancy gains since 2000). This policy field has therefore remained high on policy agendas throughout Europe. In the Regional Office, healthy ageing is an area of work that involves all divisions. Around 10 programmatic areas have recently addressed the health of older people in specific projects in cooperation with the healthy ageing programme.

### ***Challenges and opportunities***

5. At country level, policy initiatives for healthy ageing are often intersectoral, requiring cooperation between government departments to build partnerships and coalitions with a broad range of stakeholders. These are needed in order to address barriers to access and remaining gaps in good-quality, essential health and long-term care services and to improve cooperation between such services, as well as their integration with informal services that are provided by families, friends and volunteering initiatives. The European Region has contributed to the WHO global policy toolkit regarding the age-friendly environments that are needed to address these challenges, and a number of Member States in the Region are leading the implementation of the required activities. An extension of the current Action Plan would make it possible to consolidate these achievements and support implementation in yet more countries. Long-term care and integrated service delivery is another area with good opportunities for contributing to better outcomes for older people by overcoming fragmentation and filling essential gaps in cooperation between services and in-service delivery.

### ***Next steps***

6. Work by the Secretariat under an extended action plan could focus on some of the areas of interprogrammatic cooperation for which further demand for support has been expressed by countries, such as integrated long-term care delivery, falls prevention, elder abuse and dementia. It would also allow topics to be addressed and implementation to be advanced in areas where the Regional Office has made core contributions to the healthy ageing policy field globally, such as the creation of age-friendly environments in cooperation with the

European Healthy Cities Network. The recent expansion of work with countries in the European Region on rehabilitation and assistive devices is another opportunity to strengthen synergies in addressing the gaps in universal health coverage (UHC) that are faced by older people in Europe.

## **European Mental Health Action Plan 2013–2020**

### ***Current status***

7. The European Mental Health Action Plan 2013–2020 urges Member States to improve the mental health and well-being of their populations and reduce the burden of mental disorders; respect the rights of people with mental health problems; promote the social inclusion of people with mental health problems and offer them equitable opportunities to attain the highest quality of life; and strengthen access to and appropriate use of safe, competent, affordable, effective and community-based mental health services. A midterm progress report documented substantial progress across the Region in relation to the seven objectives of the Action Plan, including the development of national policies and plans, capacity building in community-based mental health care, implementation of national-level projects on social inclusion, and the generation and subsequent publication of several intercountry technical reports and resource profiles.

### ***Challenges and opportunities***

8. The prevalence and burden of mental and behavioural disorders, as well as dementia, is growing. Self-harm and suicide are major problems in the European Region and their levels in the Region are well above the global average. Despite increasing recognition of mental health as a major challenge for public health and sustainable development, resources committed by governments to address it are inadequate, meaning that treatment coverage is low and systems of care are outdated and of poor quality. Arguably, the biggest challenge is the stigma that surrounds mental illness, which not only leads to discrimination and human rights violations against people with mental health conditions but also hampers or blunts efforts to promote or bring mental health into the mainstream of the health agenda. However, political awareness of this issue and a willingness to act is increasing. Mental health has been explicitly included in the SDGs. A total of 24 countries in the European Region have identified mental health as a priority that requires bilateral collaboration, indicating a high degree of need and demand for WHO technical support.

### ***Next steps***

9. The Regional Office will continue work to support the interlinked objectives of the Action Plan through the following strategic prioritized actions:
- policy advice and development, especially in the areas of child and adolescent mental health, suicide prevention and dementia; this advice will have a renewed emphasis on the social determinants of mental health and the links between mental health and sustainable development;
  - deinstitutionalization, including promotion of, and capacity building in, mental health, human rights and care standards using the WHO QualityRights Toolkit;



- development of community-based mental health care, including integration of mental health care into primary care using the *mhGAP intervention guide* and related materials;
- strengthening of evidence and information to inform mental health policy and practice, including technical reports on key thematic issues and the continued administration of periodic surveys on policies, resources and services for mental health (WHO Mental Health Atlas) and dementia (WHO Global Dementia Observatory).

## **European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020**

### ***Current status***

10. In 2017 a midterm progress report on the implementation of the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020 was submitted to and approved at the 67th session of the WHO Regional Committee for Europe (RC67). The report documented progress and achievements across the Region in relation to the 10 action areas of the Action Plan and highlighted progress in the formulation of stricter alcohol policies, including minimum age limits, drink-driving policies and regulations on alcohol advertising, as well as on legislation to prevent the illegal production or sale of informally or home-produced alcoholic beverages. The report also documented the extensive work undertaken to strengthen surveillance, monitoring, evaluation and research in Member States, with updates provided to the European Information System on Alcohol and Health, as well as the development of tools to support policy implementation.

### ***Challenges and opportunities***

11. While some Member States have introduced stricter alcohol policies, implementation of the three “best buys” has been low, with pricing policies having the lowest scores in terms of implementation. Arguably, the biggest challenge is the strong interference from alcohol producers, as this hampers efforts to step up the implementation of evidence-based alcohol policies. At the same time, the costs related to the years of potential productive life lost and to the treatment of diseases and injuries attributable to alcohol are not yet fully recognized by all government sectors. Reducing the harmful use of alcohol, as well as increasing treatment coverage, have been explicitly included in the SDGs, and there is increasing political awareness and willingness to act, as evidenced by the side event on alcohol at the United Nations General Assembly third High-level Meeting on the Prevention and Control of Non-communicable Diseases in September 2018. Many countries in the Region have identified alcohol as a risk factor for NCDs, and the reduction of harmful alcohol use as a priority for bilateral collaboration, which indicates a high degree of need and demand for WHO technical support in this area.

### ***Next steps***

12. The Regional Office will continue to support the interlinked objectives of the Action Plan through strategic prioritized actions, including:

- implementing SAFER, a WHO policy initiative focusing on technical guidance that informs the implementation of alcohol policy “best buys” to protect people, communities and societies from alcohol-related harm;

- piloting fast-track processes to monitor alcohol consumption, harm and policies in Member States of the Region, to inform reporting to SDG and NCD mechanisms;
- strengthening awareness and advocacy campaigns and activities, to ensure acceptance of and minimize resistance to new or enforced regulatory measures, as well as to reduce alcohol consumption among youth;
- developing integrated packages to address alcohol as an NCD risk factor in primary care, and supporting the development and integration of new approaches to addressing alcohol-use disorders in primary care and improving the treatment of alcohol-use disorders;
- providing strengthened evidence and information to inform alcohol policy and practice, including technical reports on key thematic issues, research on unrecorded alcohol consumption, and the continued administration of periodic surveys on policies, resources and services.

## **Investing in Children: the European Child and Adolescent Health Strategy 2015–2020 and the European Child Maltreatment Prevention Action Plan 2015–2020**

### ***Current status***

13. The first progress report for the two strategies was submitted to RC68 in September 2018 and details the extensive work that has been done to provide tools and technical support to Member States of the Region to support development of national child and adolescent health strategies. WHO consulted widely to compile indicators and collect other pertinent information from each Member State in order to develop individual country profiles, with a focus on the priorities set out in the Strategy.

### ***Challenges and opportunities***

14. Measures for protecting and improving the health of children and adolescents are in place across the Region; however, more can be done to promote better health and well-being and greater equality. The Strategy, while broad in its aims, represents part of a fragmented effort to support children and adolescents in Europe. It was adopted along with several other strategies targeting children and adolescents and requires significant collaboration across sectors and programmes. Investment in children and adolescents, including during the crucial first three years of life, can yield significant social and economic benefits beyond improved health. Children and adolescents are leading increasingly digital lives, which greatly influences their behaviour, education, social networking and entertainment. This presents new opportunities for reaching children and adolescents with public health messages but also brings challenges in relation to exposure to cyberbullying, Internet addiction and physical inactivity. The digital trail that children and adolescents leave is also being exploited by commercial interests to target them and influence their behaviour, including their dietary choices. Current European legal provisions make it difficult or impossible for public health policy-makers to access or use this data. New ideas and sources of data are needed to promote and protect children's and adolescents' health in innovative ways.

### **Next steps**

15. With an extension of the Strategy, WHO will provide feedback and offer specific technical support to Member States that are planning to review their child and adolescent health strategies. Results of the Maternal, Newborn, Child and Adolescent Health Policy Indicators Survey and the Health Behaviour in School-aged Children 2017/2018 survey will be incorporated, together with child and adolescent health country profiles, in the next update of the Strategy. Stakeholders will be widely consulted on the development of future actions to improve child and adolescent health, including through a youth consultation process and a meeting of WHO collaborating centres. This consultation process across multiple sectors and programmes will be critical to the development of a comprehensive and cross-cutting strategy for improving and protecting the health of children and adolescents across the Region.

### **European Vaccine Action Plan 2015–2020**

#### **Current status**

16. The European Vaccine Action Plan 2015–2020 (EVAP), which was adopted at RC64 in 2014, was drafted to complement, regionally interpret and adapt the Global Vaccine Action Plan 2011–2020, in harmony with Health 2020 and other key regional health strategies and policies. A midterm review was undertaken to assess progress made by the Region in implementing EVAP at its midpoint at the end of 2017. At that time the Region was on track to maintain its polio-free status; off track for verification of measles and rubella elimination in all 53 Member States; pending validation to ascertain the control of hepatitis B, at risk of not reaching vaccination targets; on track for making evidence-based decisions about the introduction of new and underutilized vaccines; and on track for securing the financial sustainability of national immunization programmes.

#### **Challenges and opportunities**

17. Achieving and maintaining high and equitable immunization coverage underpins the achievement of goals relating to eradicating, eliminating and controlling vaccine-preventable diseases. Failure to achieve and sustain high immunization coverage would mean that countries would remain at risk of re-establishing transmission or that vaccine-preventable diseases would remain endemic. The quality of surveillance remains suboptimal in several Member States of the Region and may prove to be an impediment to verifying the elimination of vaccine-preventable diseases. The low subnational coverage in the Region is related to vaccine hesitance/refusals/distrust, a lack of access to or low demand for vaccines, or vaccine stock-outs. Concerns remain in some of the middle-income Member States in the Region about their ability to adequately finance the immunization programmes needed to achieve the goals of EVAP. The European Technical Advisory Group of Experts on Immunization regularly reviews and advises on the facilitation and acceleration of achievements in relation to the eradication, elimination and control of vaccine-preventable diseases in the Region. This mechanism provides a scientific decision-making platform for suggesting corrective measures for reversing the decline or preventing stagnation in performance in the Region. The priority areas of the life-course approach of Health 2020 provide an opportunity to extend the benefits of vaccines. In addition, establishing a strong and resilient health system to deliver vaccination services also provides an opportunity for the vaccination programmes in Member States to contribute to ensuring better health and a resilient community which is better informed to make decisions and thus contribute to a world free of vaccine-preventable diseases.

### **Next steps**

18. EVAP has set a course to control vaccine-preventable diseases from 2015 to 2020 and beyond. Any items in the EVAP agenda that are unfinished by 2020 will be the focus of subsequent work. The principle of equitable provision of and access to vaccination services across age groups, and specific actions for middle-income countries, will form a major part of the support provided to Member States of the Region. It is envisaged that a tailored programme, suited to the needs of Member States and with a focus on strengthening health systems using “vaccination service delivery” as a platform, will enable better delivery of vaccination services and ensure programmatic efficiency and sustainability of achievements. It is of paramount importance that the regional vaccine action plan post-2020 should reflect the needs of the Member States in the Region and be in line with the new global action plan which is being developed in consultation with international stakeholders.

## **Regional Framework for Surveillance and Control of Invasive Mosquito Vectors and Re-emerging Vector-borne Diseases 2014–2020**

### **Current status**

19. The Regional Framework for Surveillance and Control of Invasive Mosquito Vectors and Re-emerging Vector-borne Diseases 2014–2020 was adopted at RC63 in response to the introduction, establishment and spread of *Aedes* mosquito species (*Aedes albopictus* and *Aedes aegypti*) and the increasing number of dengue and chikungunya outbreaks reported in the Region. An assessment conducted by the Regional Office in 2016 revealed that only 23 Member States in the Region had both entomological surveillance and vector management plans in place. Over the past four years, the Regional Office has made efforts to strengthen the capacities of countries to deal with invasive mosquitoes and (re-)emerging vector-borne diseases and has provided technical assistance to countries in need, despite limited resources. Using the Regional Office’s *Training curriculum on invasive mosquitoes and (re-)emerging vector-borne diseases in the European Region*, over 70 specialists have been trained in nine countries of the Region. To assist public health authorities in Member States to communicate effectively in response to possible outbreaks of Zika and other mosquito-borne diseases, the Regional Office also published a response guide, *Zika virus and emerging mosquito-borne diseases: the European emergency risk communication challenge*. Several meetings/consultations have been conducted to discuss key challenges that are hampering the implementation of appropriate surveillance and control measures for vectors and vector-borne diseases in European countries.

### **Challenges and opportunities**

20. Vector-borne diseases such as leishmaniosis, West Nile fever, Crimean-Congo haemorrhagic fever, Lyme borreliosis and tick-borne encephalitis continue to cause a public health burden in a number of countries in the Region. The introduction of invasive vector mosquitoes, together with the geographical expansion of some native vector mosquitoes, has substantially increased the threat of re-emerging vector-borne diseases in the Region. Recent local outbreaks of dengue, chikungunya and West Nile fever in the Mediterranean basin serve as a reminder of the potential burden these developments may cause. In 2018 a report on the implementation of the Regional Framework was submitted to RC68. Representatives of Member States welcomed the report and expressed their concerns over the rise in vectors and the increasing threat of several vector-borne diseases in the Region. They suggested

accelerating implementation of the Regional Framework and addressing other vector-borne diseases of concern based on a disease-specific and subregional approach.

### ***Next steps***

21. Following recommendations made at RC68, the Regional Office will accelerate implementation of the Regional Framework and expand the scope of the document by adding other vector-borne diseases such as West Nile fever, Zika, Lyme borreliosis, Crimean–Congo haemorrhagic fever and tick-borne encephalitis. Taking into consideration the fact that the Regional Framework is expiring in 2020, it is proposed to extend its validity until 2023 and, following an in-depth assessment of the situation, identify actions to be taken post 2023.

## **Tuberculosis Action Plan for the WHO European Region 2016–2020**

### ***Current status***

22. The aim of the Tuberculosis Action Plan for the WHO European Region 2016–2020 is to operationalize the global WHO End TB Strategy in the European Region. The midterm progress report on implementation of the Action Plan was submitted to and endorsed at RC68. The report documented substantial progress across the Region in relation to the six strategic directions and respective intervention areas of the Action Plan. The European Region has the fastest decline in the incidence of tuberculosis (TB) and mortality due to TB among all WHO regions (annual decline in incidence of 4.7% and in mortality of 9.3% between 2008 and 2017).

### ***Challenges and opportunities***

23. Despite the notable progress, TB still poses a public health threat in most countries of the Region. The main challenges are drug-resistant TB and TB/HIV coinfection. A slow but sustainable increase in treatment success has been documented in TB and drug-resistant TB cohorts. In spite of notable progress, rates are still below the 85% and 75% regional targets included in the Action Plan, respectively. TB is strongly associated with conditions that weaken the immune system, such as HIV, as well as social determinants such as poverty, unemployment, imprisonment and migration, and noncommunicable conditions such as the harmful use of alcohol, diabetes mellitus and tobacco use. The determinants and causes of vulnerability are to be addressed through intersectoral interventions. In collaboration with other United Nations agencies and partners, the Regional Office led the preparation of a common position paper on intersectoral action to end TB, HIV and viral hepatitis and is working with other United Nations organizations as well as civil society organizations and national and international partners to implement it. The availability of new TB medicines and treatment regimens gives the Region a unique opportunity to tackle drug resistance. In 2015 the World Health Assembly endorsed the End TB Strategy, which aims to end the epidemic by 2030. The United Nations endorsed a political declaration to end TB during the United Nations General Assembly High-level Meeting on the Fight Against Tuberculosis on 26 September 2018. The Action Plan is well aligned with the End TB Strategy and its targets, and the declaration resulting from the High-level Meeting. Therefore, the Regional Office is proposing an extension of the existing Action Plan until 2030.

### ***Next steps***

24. Under an extended Action Plan, the Regional Office will assist Member States to adapt a multisectoral accountability framework; it will also provide further technical guidance, including through platforms such as the European Laboratory Initiative, the European Research Initiative and the Regional Collaborating Committee on Tuberculosis Control and Care, to improve the performance and efficiency of national TB programmes. The focus will be on early diagnosis of active and latent TB, intensified contact tracing, and improving treatment outcomes through the rational use of new and repurposed TB medicines and shorter treatment regimens. The Regional Office will also support Member States in updating their national policies and practices in line with efforts to achieve UHC; strengthening their capacities through interregional, regional and in-country workshops and training courses; documenting good practices; supporting TB surveillance and monitoring; and promoting and supporting TB research and innovations to enable adaptation and adoption of new tools, and to ensure equitable access to them, across the Region. The Regional Office will also continue to support Member States in strengthening the response of their health systems and ensuring effective and sustainable financing, and will work across both the health and non-health sectors to guide and support the cross-sectoral actions articulated in the United Nations common position paper. The Technical Advisory Group for Tuberculosis, an independent body appointed by the WHO Regional Director for Europe, will continue to provide advice to the Regional Director and further guide the Regional Office towards the goal of ending TB by 2030.

## **The European Action Plan for Strengthening Public Health Capacities and Services 2012–2020**

### ***Current status***

25. The European Action Plan for Strengthening Public Health Capacities and Services, covering the period 2012–2020, was adopted at RC62 and introduced a revised set of 10 essential public health operations. The purpose of the Action Plan is to ensure that public health services are strengthened to the extent that they can respond effectively to the public health challenges in the Region. In addition to setting out the avenues for strengthening public health services and capacities, a self-assessment tool for the evaluation of essential public health operations was developed, with an online version launched in 2015 (available in English and Russian). Since then several Member States have assessed their public health services. In 2016 the midterm progress report on implementation of the Action Plan was submitted to RC66. The report described the progress that has been made by implementing the Action Plan in the Region. It highlighted the need for more focus on the “enabler” operations: strengthening the public health workforce, the financing of public health services, and the legislative mandate for public health services; and in addition, for providing support to the strengthening of the organization and governance of public health services. This focus has been the basis of subsequent activities by the Regional Office; for example, a new competencies framework for the public health workforce has been developed and a roadmap towards professionalization of the public health workforce has been created. Close relationships have been developed, especially between the International Association of Public Health Institutes and the Association of Schools of Public Health in the Region, enabling collaboration on the strengthening of national public health institutes and the public health workforce.

### ***Challenges and opportunities***

26. The midterm progress report on implementation of the Action Plan highlighted the fact that there is a gap between the level of political commitment and the resources allocated for strengthening public health services; it also emphasized the fact that the Regional Office needs to provide longer-term support to Member States throughout the implementation process. The report noted that the evidence for the high cost–effectiveness of public health interventions is not broadly known in Member States; therefore, further support from the Regional Office is required.

27. In response to the findings from the midterm progress report, the Regional Office launched a Coalition of Partners (CoP) initiative in 2017. The ultimate goal of this initiative is to strengthen public health services in Member States by working in partnership with a wide array of national and international partners, pooling available expertise and resources, and linking initiatives directly to Member States' needs. The initiative therefore functions as a community of practice: a group of colleagues who share the common objective of strengthening public health services and who deepen their knowledge and expertise in this area by interacting on an ongoing basis. The CoP includes representatives of Member States, nongovernmental organizations and international organizations, and experts from a variety of disciplines (finance, law, health promotion, health protection, and so on). The CoP is developing well and provides an opportunity for WHO to be more responsive to Member States' practical needs and to implement activities with a variety of partners in a fully participatory way. Experimentation and learning what works (that is, innovation in practice) is a key principle for the CoP.

### ***Next steps***

28. The international-level CoP initiative will continue to be nurtured, and new partnerships will be invited to participate, in particular to strengthen expertise in public health law and the financing of public health services. Nongovernmental organizations are also key to the growth of the CoP.

29. National-level coalitions will be established where opportunities arise (work has already started in this regard in Kyrgyzstan and Slovenia).

30. The competencies framework for the public health workforce and the roadmap towards professionalization of the public health workforce will be piloted and finalized, with the aim of strengthening and empowering the public health workforce in the Region.

## **Priorities for health systems strengthening in the WHO European Region 2015–2020: walking the talk on people centredness**

### ***Current status***

31. All programmes of the Division of Health Systems and Public Health have been working closely with Member States to address the priorities and technical elements required for health systems strengthening outlined in resolution EUR/RC65/R5, Priorities for health systems strengthening in the WHO European Region 2015–2020: walking the talk on people centredness (some actions are already covered in this document under other strategies and action plans). The resolution and accompanying background document of the same title call

specifically for (a) transforming health services to meet the health challenges of the 21st century; and (b) moving towards UHC for a Europe free of impoverishing out-of-pocket payments, as the key strategic directions for the Region. Actions to achieve these should be supported by high-quality health system inputs, including in the areas of health workforce, medicines and other health technologies, and health information.

#### Transforming health services to meet the health challenges of the 21st century

32. In line with the resolution, the Division has been working closely with Member States to develop a more proactive, people-centred approach, involving better coordination and delivery of health promotion, disease prevention, health care and condition management throughout the life course, aiming at improved quality and health outcomes, and reduced health inequalities, within a comprehensive continuum of individual- and population-based health services. The action plan for strengthening people-centred health systems through integrated and coordinated health services delivery was accomplished and specifies that services should be designed along a continuum of care and that a life-course approach should be taken that prioritizes the integration of primary health care, community-based services and hospitals.

33. Work is ongoing to support Member States to make innovations that enable optimal service delivery in terms of quality, effectiveness and efficiency, and overall improvement of health outcomes. The emphasis is on enabling sustainable, system-wide change by rearranging accountability mechanisms, aligning incentives, preparing a competent workforce, promoting the responsible use of medicines, innovating with regard to health technologies and rolling out electronic health as needed.

#### Moving towards UHC for a Europe free of impoverishing out-of-pocket payments

34. The resolution has helped accelerate work towards generating new evidence on financial protection in the Region. The development and application of a new methodology that facilitates global monitoring of SDG indicator 3.8.2, and that is better suited to upper-middle-income and high-income countries of the European Region, has been accompanied by country-specific policy recommendations. Numerous country reports (more than 25) and a draft regional summary report have already been published, and several countries have already acted upon the policy recommendations, with many more expressing interest in contributing to the regional monitoring that informs these reports.

35. Before the end of the biennium, and before the expiration of the five years covered by the resolution, a full European regional report on financial protection will be launched and further country-specific reports with policy recommendations will be published.

### ***Challenges and opportunities***

#### Transforming health services to meet the health challenges of the 21st century

36. Work towards SDG target 3.8 on UHC – which includes developing evidence for decision-making through primary health care performance monitoring and rapid assessments – is ongoing in countries. Additional work is under way in relation to the development of an approach to governance of quality of care and the development, piloting and implementation of policies for integrated health services delivery. These represent major areas of potential within the Region.



37. Challenges relate generally to political instabilities in the Region, bureaucratic obstacles in Member States, fragmented or unavailable health service delivery data, and a lack of decentralized mandates and empowerment of health service workers and patients. However, involving professional and patient associations can lead to them taking ownership and to sustainable initiatives, and these are areas requiring attention.

#### Moving towards UHC for a Europe free of impoverishing out-of-pocket payments

38. Financial protection indicator results produced by the Regional Office are used by the Organisation for Economic Co-operation and Development (OECD) and the European Commission in *State of Health in the EU* country profiles and in the OECD's annual publication *Health at a Glance*. Unfortunately, the WHO/World Bank global monitoring of UHC does not include the results of regional monitoring, which needs to be addressed in future reports.

39. The work on financial protection would benefit from stronger support for, and recognition of, monitoring of financial protection at global level.

40. The SDGs and GPW 13 stipulate important new directions for all areas of work that have been put in place since the resolution was adopted. Efforts to (re-)align targets and products with these new requirements are ongoing but are not always straightforward. Additionally, with regard to the wider agendas, it is sometimes necessary to catch up with the new requirements or to try to adjust targets already agreed with Member States, which then require additional support.

#### **Next steps**

41. Efforts are being made to ensure continuity with the wider SDG and GPW 13 agendas in all areas of work. All programmes, as part of their health systems strengthening work under the resolution, are currently engaged in strategic discussions among themselves and with other technical areas regarding support for these agendas. As described above, the targets set out in both, especially in relation to the "triple billion" targets, in some cases pose a significant challenge for the Region.

### **European strategic directions for strengthening nursing and midwifery towards Health 2020 goals**

#### **Current status**

42. Implementation of the European strategic directions for strengthening nursing and midwifery towards Health 2020 goals is progressing in Member States across the Region. Progress in implementation was considered at a two-day meeting of government chief nursing officers, representatives of the European Forum of National Nursing and Midwifery Associations, and representatives of WHO collaborating centres for nursing and midwifery on 3–4 October 2018 in Athens, Greece.

#### **Challenges and opportunities**

43. The year 2020 will be a milestone for nursing and midwifery, both globally and regionally, marking the 200th anniversary of the birth of Florence Nightingale, the culmination of the three-year Nursing Now initiative, and the launch of the first *State of the World's Nursing*

report and the third *State of the World's Midwifery* report at the Seventy-third session of the World Health Assembly.

**Next steps**

44. In the context of these milestones and the progress in strengthening nursing and midwifery in the Region in recent years, it is envisaged that the Regional Office will seek to work with stakeholders, in particular nursing and midwifery leaders, to develop a roadmap that focuses on the future and emphasizes the need to maximize the contribution of nurses and midwives to achieving UHC.

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