



Working for a Europe: more equitable and sustainable



World Health Organization

REGIONAL OFFICE FOR

Europe



Organisation mondiale de la Santé

BUREAU RÉGIONAL DE L'

Europe



Weltgesundheitsorganisation

REGIONALBÜRO FÜR

Europa



Всемирная организация здравоохранения

Европейское региональное бюро

Dr Zsuzsanna Jakab

WHO Regional Director for Europe

Central European University

Budapest, 4 March 2016

Issues addressed last year

- WHO mandate, Constitution and governance
- WHO reform and its achievements
- WHO's key global achievements
- WHO European Region
 - Health status of Europeans
 - Responding to challenges: Health 2020 as the renewed policy framework
 - Priorities in our work
 - Successes and challenges.

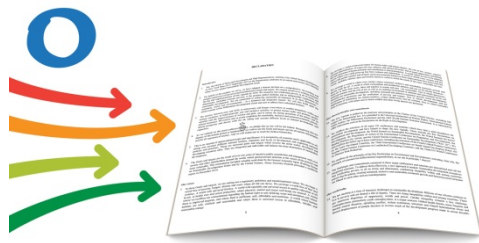
Issues to be addressed in 2016

- Health in the Sustainable Development Agenda 2030 and the role of WHO
- Emergency reform of WHO
- Public health impact of migration
- Decision-making, performance, transparency, legitimacy and accountability globally and in the region and accountability for the work delivered
- Policy coordination and partnerships in Europe

Health in the Sustainable Development Agenda 2030

Health and development





Transforming our world: the 2030 Agenda for Sustainable Development





RENEWED POLICY ENVIRONMENT

FRAMED BY

HEALTH 2020

Health 2020: strategic objectives

Working to improve health for all and reducing the health divide

Improving leadership, and participatory governance for health

Health 2020: four common policy priorities for health

Investing in health through a life-course approach and empowering people

Tackling Europe's major health challenges: noncommunicable and communicable diseases

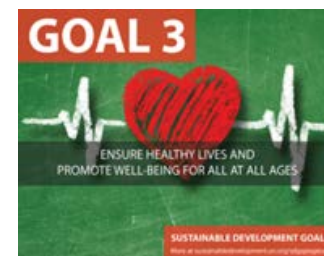
Strengthening people-centred health systems, public health capacities and emergency preparedness, surveillance and response

Creating resilient communities and supportive environments



“Ensure healthy lives and promote wellbeing for all at all ages”

- the “unfinished business” of MDGs
- noncommunicable diseases, mental health and injuries
- sexual and reproductive health and rights
- determinants of health
- universal health coverage
- health security



Moving towards universal health coverage is vital

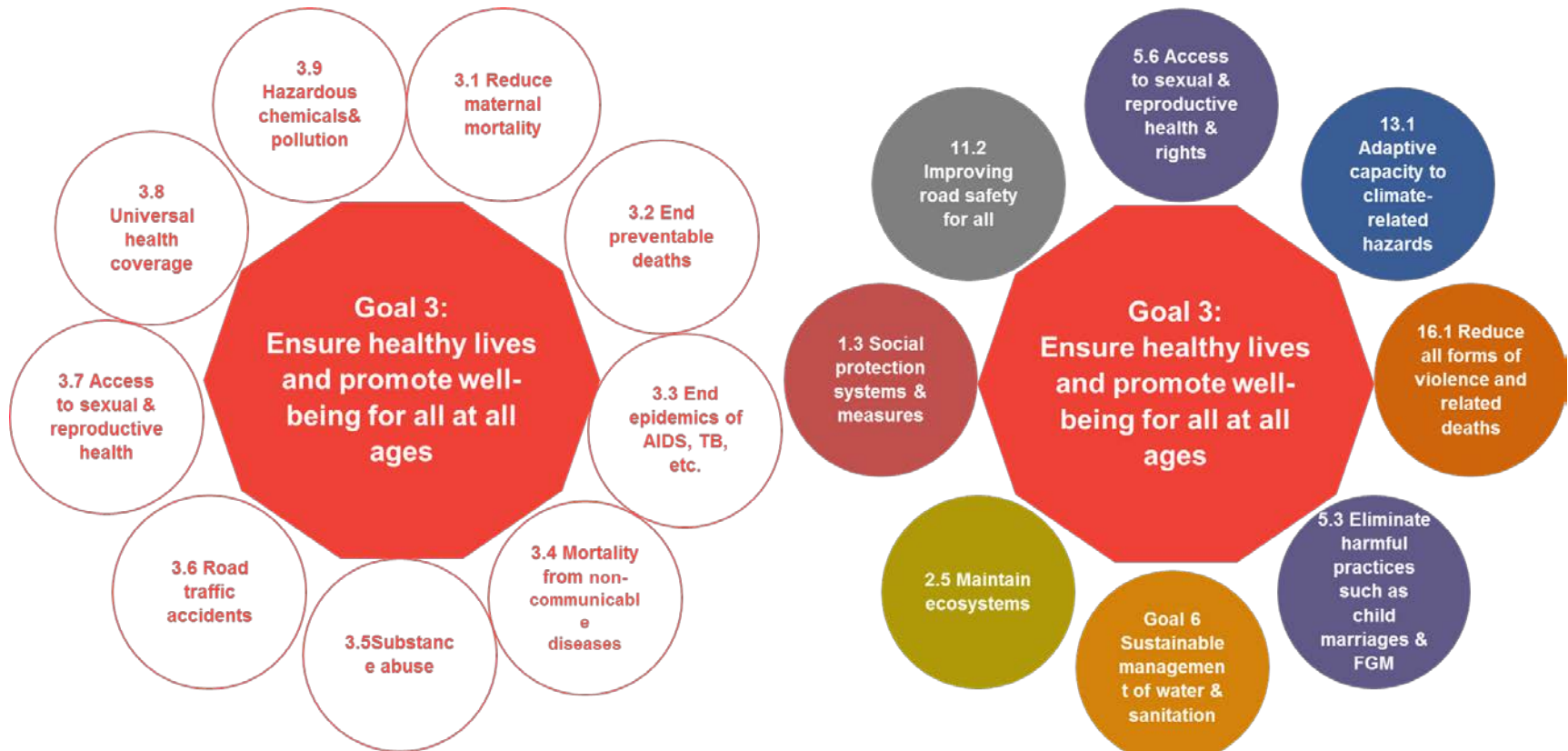


*Universal health coverage:
The single most powerful
concept public health has to
offer.”*

*Dr Margaret Chan
WHO Director-General*



Health as a goal, health as target



Translating the 2030 Agenda into national development plans



What it will take

- universality and national ownership
- integration and policy coherence
- good governance
- whole-of-government/-society efforts
- inclusive and participatory approach and partnerships
- mobilizing and using resources strategically
- accountability; data, follow-up and review

GOAL 3

HEALTH 2020

A European policy framework
and strategy for the
21st century



ENSURE HEALTHY LIVES
PROMOTE WELL-BEING FOR ALL
ALL AGES



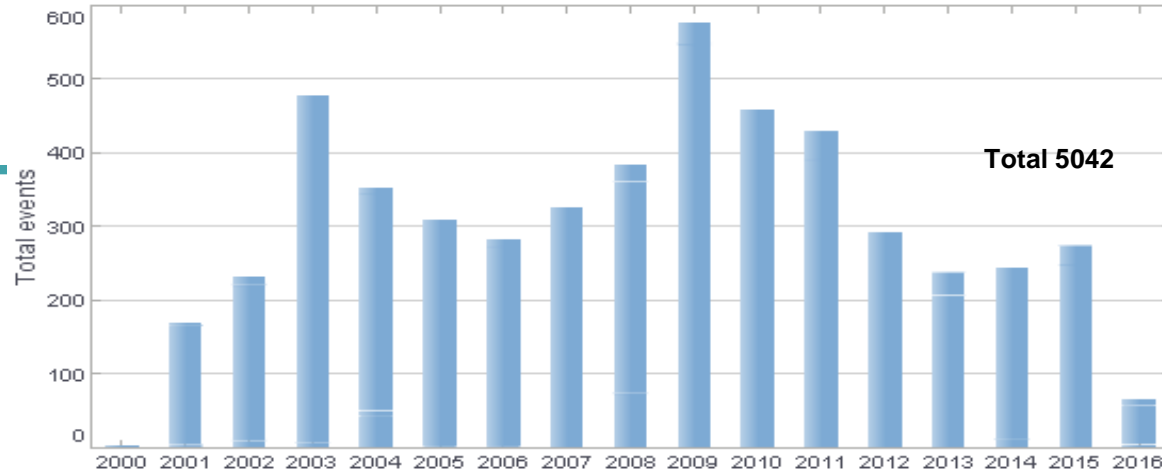
World Health
Organization

REGIONAL OFFICE FOR Europe

Building a new WHO outbreaks and emergencies programme

WHO deals with hundreds of emergencies every year

Global recorded events as of 15 February



Europe recorded events as of 15 February



The largest Ebola outbreak that took the world by surprise




WHO Director-General, Deputy Director-General and regional directors, have been leading the **transformation of WHO's work in outbreaks and emergencies** since January 2015

We are fully committed to:

- urgently reforming the emergency work of WHO
- establishing one single programme;
- having an independent mechanism of assessment and monitoring.

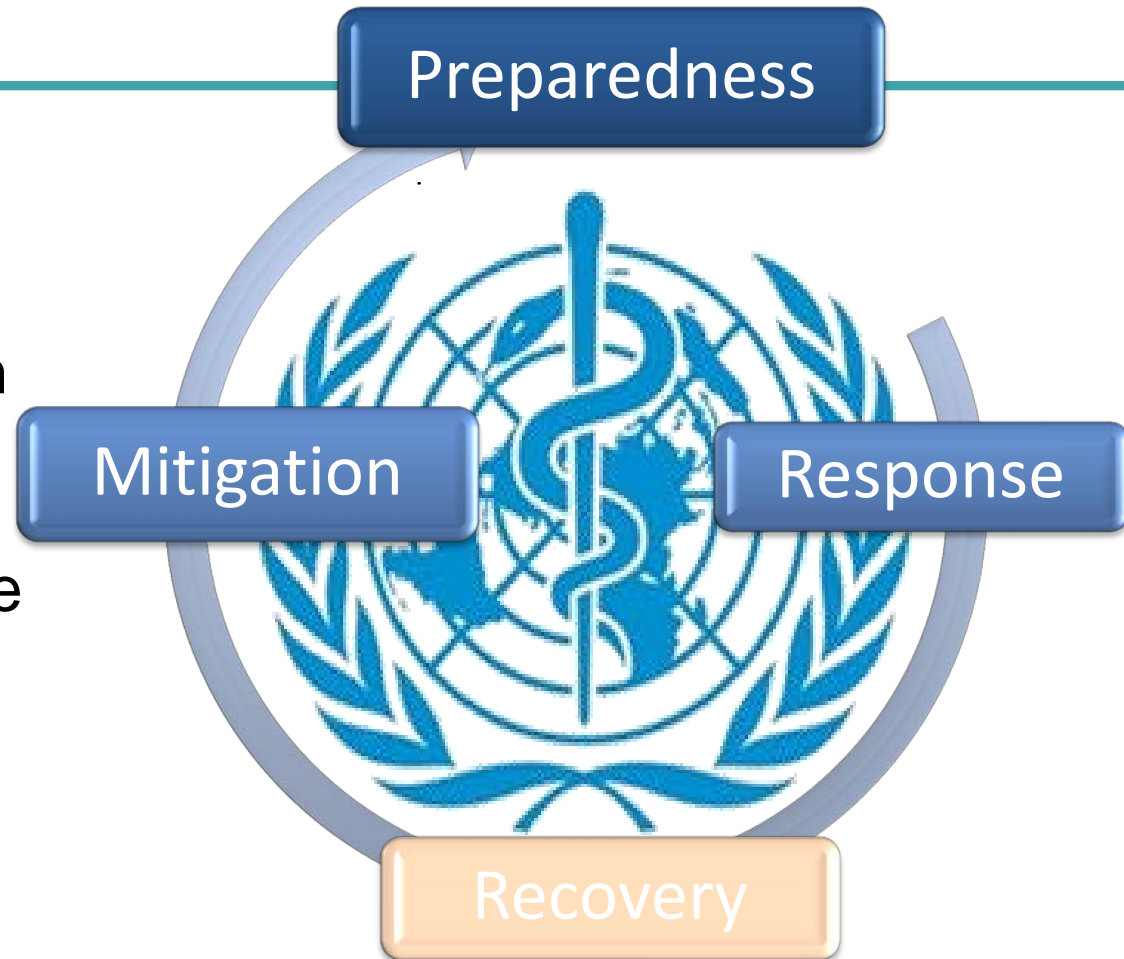


WHO built the Emergency Reform upon several independent expert recommendations:

- 
- Ebola Interim Assessment Panel “Stocking’s report”
 - WHO Director-General’s Advisory Group Report on reform (I + II)
 - UN Secretary-General High-Level Panel on the Global Response to Health Crises
 - Harvard – LSHTM independent panel – Ebola Reponse
 - Global Health Risk Framework - Institute of Medicine report

WHO “new” programme on outbreaks and health emergencies addresses the full cycle of health emergencies

- Comprehensive
- All-hazards approach
- Flexible
- Rapid and responsive
- “No regrets” principle



The establishment of the new programme requires the following

- 1 political commitment from WHO's Member States
- 2 a structural change within the Organization
- 3 a transformation of internal culture
- 4 a renewal and strengthening of relationships with external actors
- 5 new systems for accountability
- 6 additional resources

The urgency of the WHO emergency reform calls for immediate action

Common WHO-wide emergency processes

IMS implementation for all emergencies



Feb



End Feb

Structure, accountability and reporting lines



End March

WHO Director-General regular updates to Member States on transformative changes



March

Establishment of oversight body reporting to Executive Board



ASAP

World Health Assembly presentation of report on emergency reform



May

What does the world want WHO to do in emergencies?

**Be a UN technical
specialized agency**

+

an operational agency

What does the world expect of WHO in emergencies?

1

Single approach for *all* emergencies (outbreaks, humanitarian, other)

2

Standardized across all three levels and all 7 major offices

3

Leverage and facilitate UN, partners and disaster management systems

4

Optimize WHO political access and technical expertise

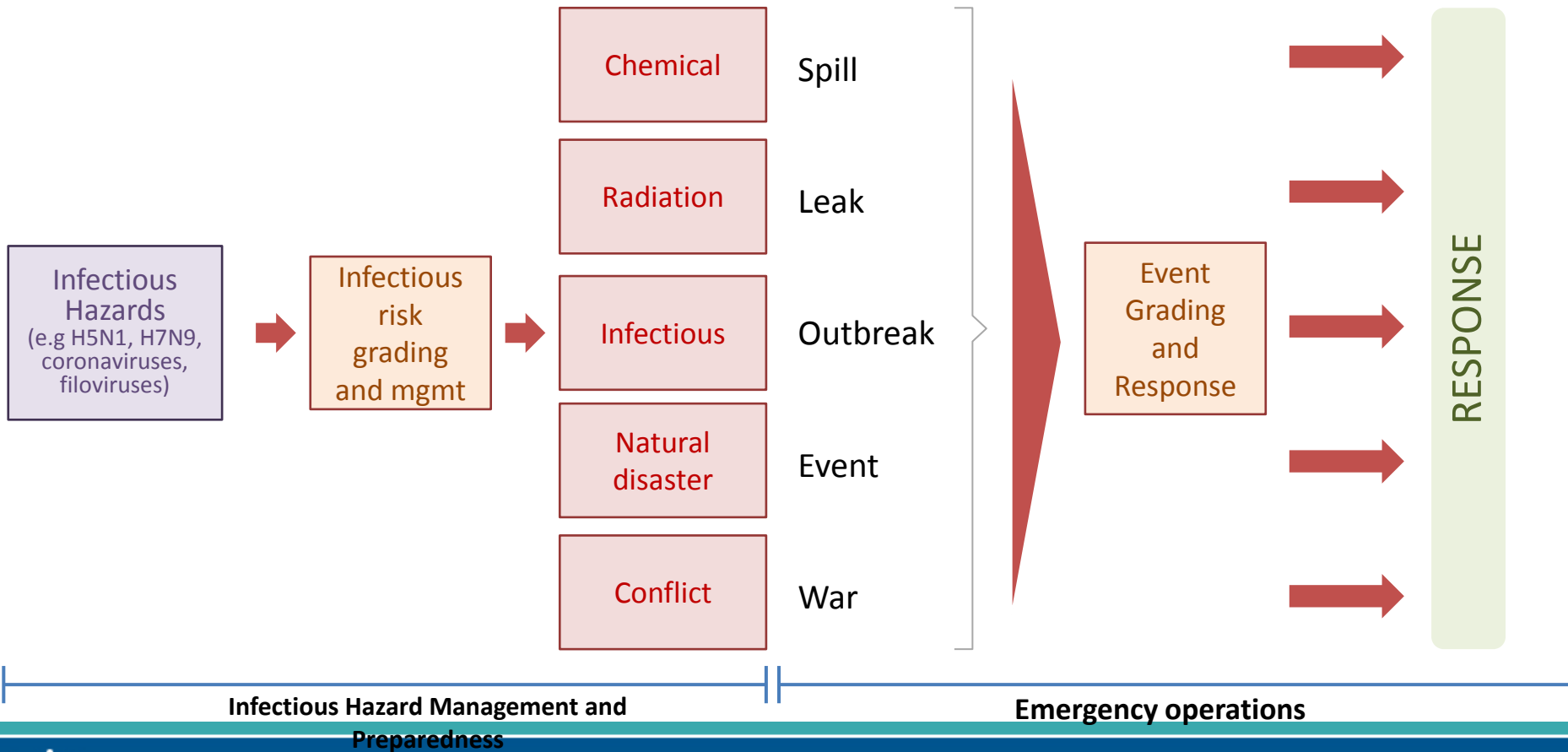
5

Operate across the **emergency management cycle**

WHO is to lead on infectious risks and take an all-hazards approach to response

Hazard

Event



What does the new programme need to look like?



One emergency programme



One workforce



One budget



One line of accountability



One set of processes/systems

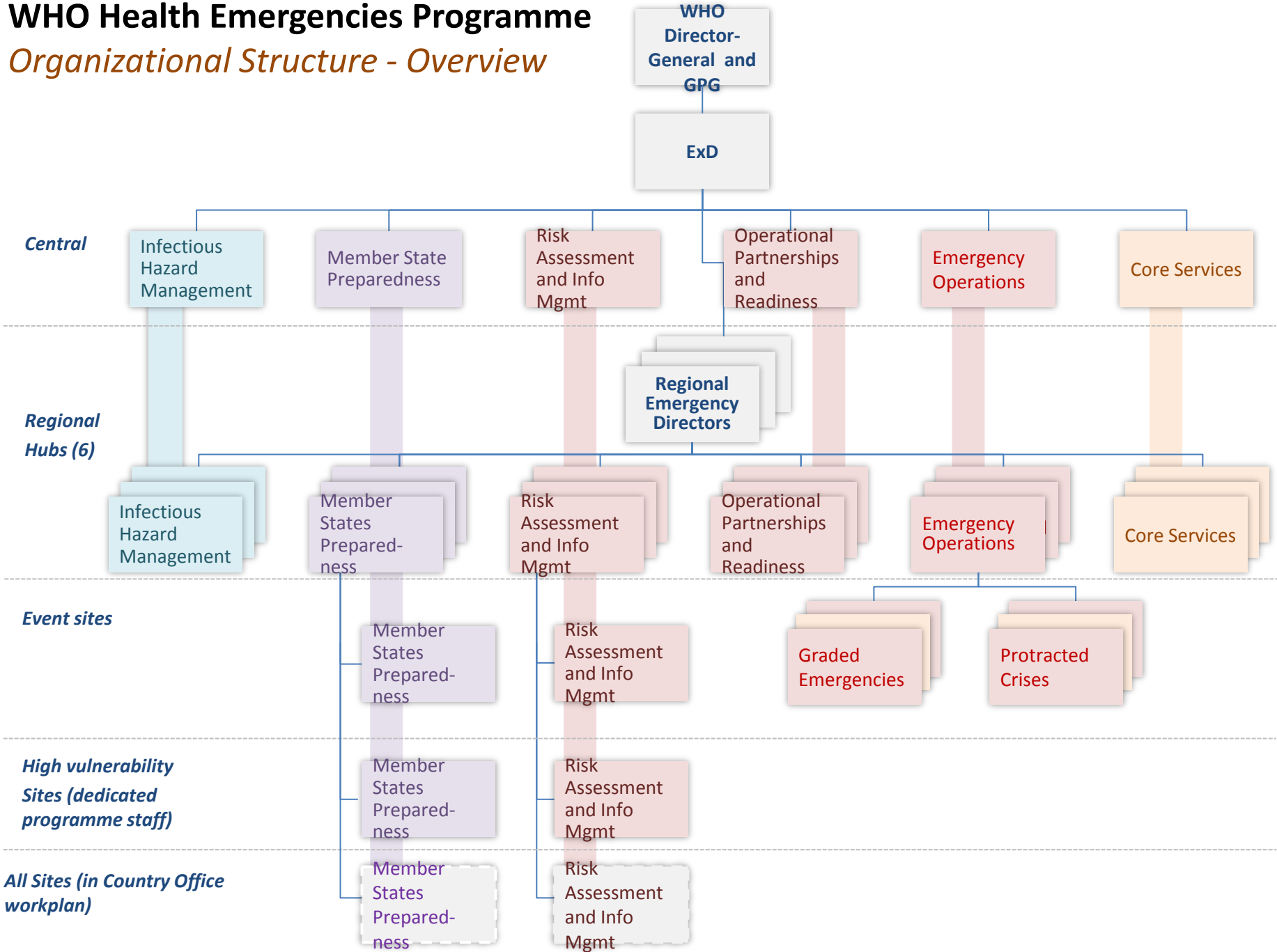


One set of benchmarks

“A quicker, more predictable, dependable, capable and adaptable WHO in support of people at risk of, or affected by, emergencies”

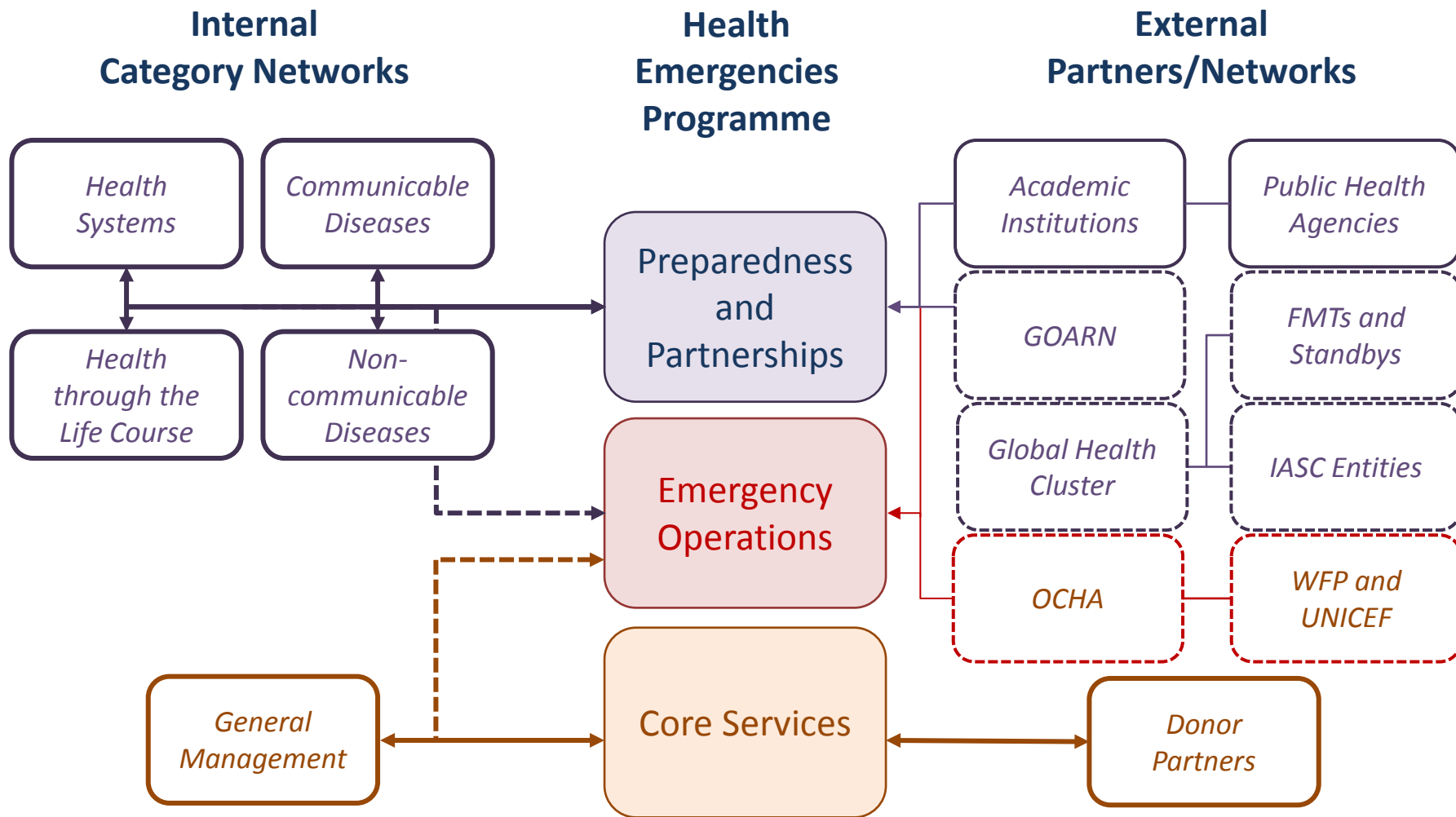
WHO Health Emergencies Programme

Organizational Structure - Overview



WHO Health Emergencies Programme

Organizational Relationships - Overview

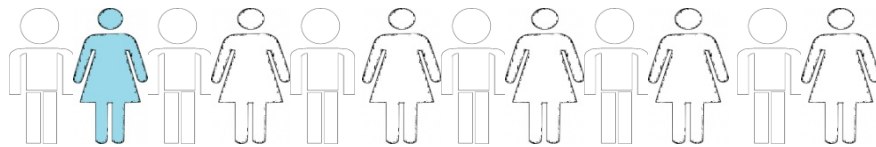


- ↔ Standing relationships
- - - Surge relationship/mechanisms

Migration and health in the European Region

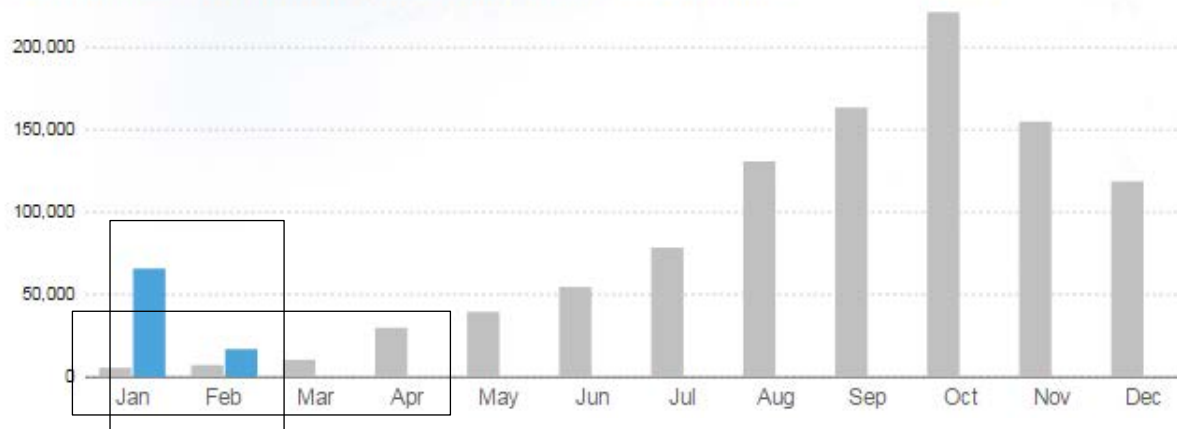
Setting the scene: migration in the European Region

77 million migrants are living in the WHO European Region, which represent **8%** of its population (European Health Report 2012)



1 out of 12 residents is a migrant

Comparison of monthly Mediterranean sea arrivals ■ 2015 ■ 2016



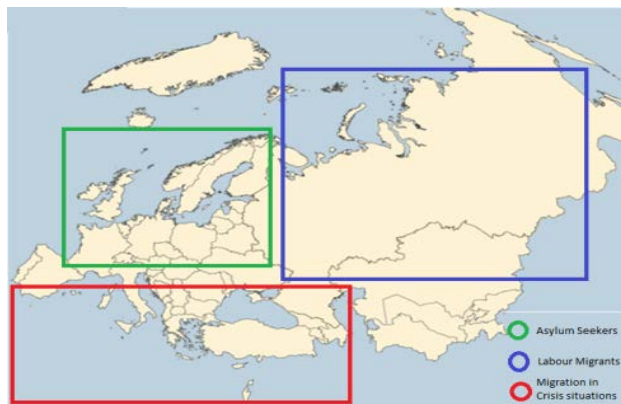
Over 1 million people arrived in 2015 in Europe.

During the first 6 weeks of 2016, over 80,000 people have arrived to Europe. This number is higher than the number of arrivals in the first four months of 2015.

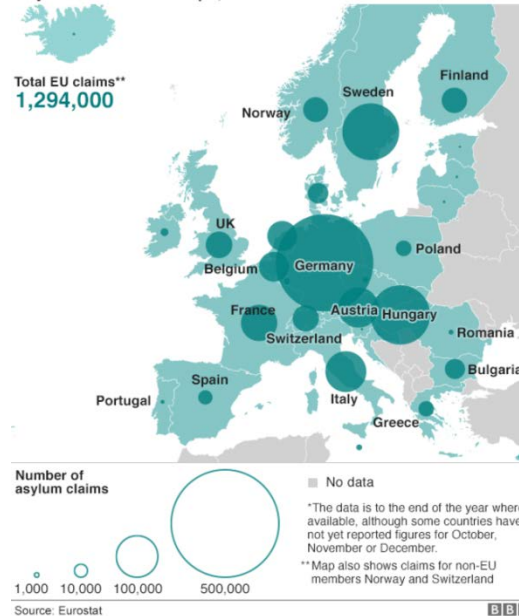
Source: UNHCR

Setting the scene: migration in the European Region

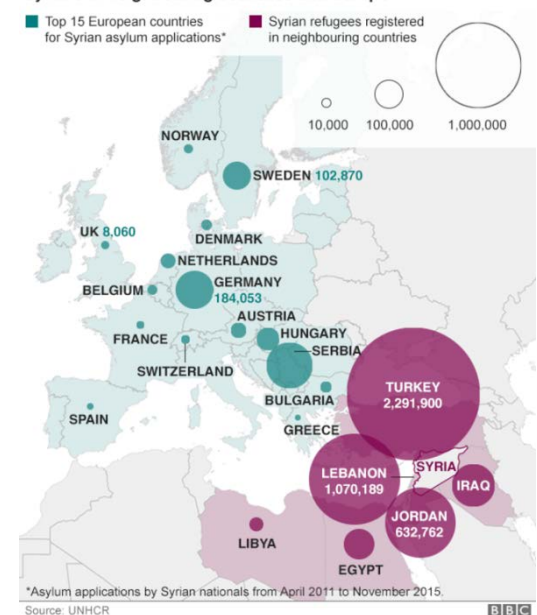
The migrant population in the European Region comprises a heterogeneous population, composed of diverse and overlapping groups such as refugees, asylum seekers, labour migrants, undocumented migrants, etc.



Asylum claims in Europe, 2015*



Syrians in neighbouring countries and Europe

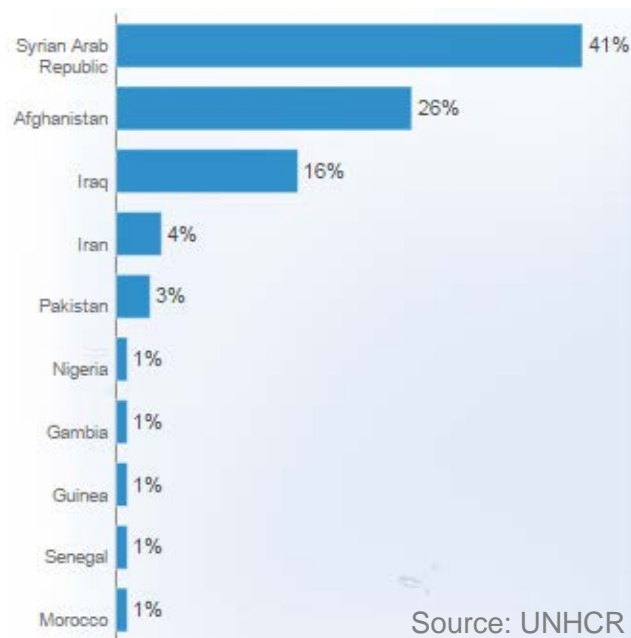


European refugee and migrant crisis in numbers

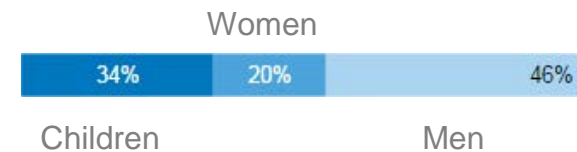
The Eastern Mediterranean Region hosts the largest number of displaced people: 20 million internally displaced people (IDPs) and 9 million refugees.

Arrivals to the European Region

Nationalities



Demographics



Interregional and intercountry coordination must be strengthened in order to improve the availability and exchange of health information, evidence and know-how on public health and migration.

Health status of Syrian refugees

Frequent problems and diagnoses	%
Gastro intestinal disorders	8.8
Ophthalmic	1.9
Heart	1.4
Cardiovascular	0.7
Muscle-skeletal	2.5
Neurologic	3.1
Respiratory tract infections	19.6
Skin	54.5
Infectious diseases	2.5
Endocrine/Metabolic/Nutritional	0.9
Pregnancy	0.5
Female genital apparatus	0.3
Male genital apparatus	0.2
Urinary system	0.6
Injuries and trauma	9.4

Health issues stemming from migration

- There is no systematic association between migration and the importation of communicable diseases. Communicable diseases are primarily associated with poverty.

- Migrants and refugees do not pose an additional health security threat to the host communities. Screening – not limited to infectious diseases – can be an effective public health instrument but should be non-discriminatory, non-stigmatizing and carried out to the benefit of the individual and the public; it should also be linked to access to treatment, care and support.

(Outcome document *Stepping up action on refugee and migrant health* – High-level Meeting on Refugee and Migrant Health, Rome, November 2015.

Copenhagen: WHO Regional Office for Europe; 2015.

- High-quality care for refugee and migrant groups cannot be addressed by health systems alone. All sectors (education, employment, social security, housing) have a considerable impact on the health of refugees and migrants.



Public Health Aspects of Migration in Europe (PHAME) project



Lampedusa, Italy, 2011



Serbian-Hungarian border, 2015

Technical assistance

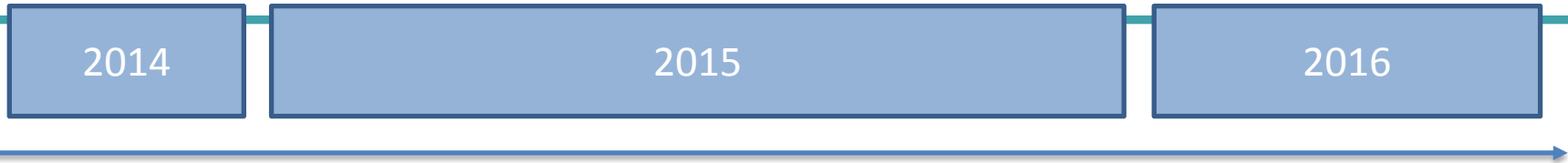
Health information and evidence

Advocacy and communication

Policy development

PHAME project

Policy development



Member States agreed to organize a high-level meeting

Member States approved an outcome document calling for a European framework for collaborative action

Global discussion

Member States approved the preparation of a **European strategy, action plan and resolution on refugee and migrant health**, to be submitted and discussed at RC66

Rome High-level Meeting on Refugee and Migrant Health – outcome document



- Addressing the health needs of refugees and migrants and the public health implications of migration warrants action and a concerted and coordinated response, based on the principles of solidarity and humanity.
- Essential for population health and for acknowledgement of human right to health for all.
- Public health interventions needed as short-term measures and for the long-term, with focus on the most vulnerable.
- Strengthening national, international and intersectoral collaboration.
- Cooperation among countries of origin, transit and destination.
- Collaboration among UN agencies and international organizations.

PHAME project

Technical assistance

- Assessing countries' health-system capacity to address the public health aspects of migration.
 - Assessment missions conducted in Albania, Bulgaria, Cyprus, Greece, Hungary, Italy, Malta, Portugal, Serbia, Spain and the former Yugoslav Republic of Macedonia.
- Providing technical assistance to upgrade health system's response to adequately cope with large-scale migration
 - Policy advice on contingency planning, risk analyses, risk assessment and risk communication.
 - Delivery of migrant health training.
 - Provision of medical supplies.
 - Production of technical guidance notes and public information materials.



PHAME project

Health information and evidence



Improving the availability of good quality data on public health and migration is essential in order to develop evidence-informed policies and interventions



- Health Evidence Network (HEN) reports on public health and migration
 - Published reviews of the evidence available on health status and access to health care for refugees and asylum seekers, undocumented and labour migrants.
 - Ongoing: reviews on mental health, maternal health and the public health implications of the legal migration definitions.

PHAME project

Advocacy and communication

Advocating for public health and migration in the European Region:

- WHO/Europe website
- Quarterly newsletter produced in collaboration with the University of Pècs
- Policy briefs on the diverse public health aspects of migration: CDs, NCDs, environmental health, intersectoral action etc.
- Infographics

The screenshot displays the WHO Europe website interface. At the top, there is a navigation bar with the WHO logo and 'REGIONAL OFFICE FOR Europe'. Below this is a search bar and a menu with options like Home, Health topics, Countries, Publications, Data and evidence, Media centre, and About us. The main content area features a 'Migration and health' section with a sub-menu (News, Events, PHAME newsletter, Policy, Country work, Publications, Contact us) and a featured article titled 'Migration and health' with a photo of people in a public space. Below this are sections for 'Top story' and 'Publications'. A 'News' section highlights 'Irish Foreign Affairs Committee discusses WHO/Europe work on migration and health'. A 'Publications' section features an infographic titled '#MigrationHealth' with various health-related terms and a quote: 'The WHO Regional Office for Europe supports countries to meet the health needs of refugees and migrants.' The infographic also lists various health conditions like 'PSYCHOLOGICAL TRAUMA', 'HYPERTENSION', 'VIOLENCE-RELATED INJURIES', etc.

The screenshot shows the cover of the 'Public Health Aspects of Migration in Europe (PHAME) newsletter' for July 2015. It features the WHO logo and the title of the newsletter. The main article is an editorial by Prof. Martin McKee, President of the European Public Health Association (EUPHA), titled 'The humanitarian crisis in the Mediterranean has provided examples of both the best and the worst in human nature. In April 2015, newspapers published a picture of an off-duty Greek soldier, Antonis Deligiorgis, pulling a young Eritrean woman from the sea.' Below the text, there are sections for 'In this issue' (October, News, Upcoming events, Recommended reading, Opinion) and 'Download the complete issue'. An 'OVERVIEW' section at the bottom shows two small images: one of a person in a white sheet and another of a person in a white sheet.

Decision-making, performance,
transparency, legitimacy,
accountability and compliance

Decision-making and performance

- WHO = Member States
- The Secretariat serves WHO
- Decision-making is in the governing bodies at global and regional level: decisions are taken by Member States, prepared by the Secretariat
- Governing bodies approve the program of work and we are accountable to them for their achievement through performance reports

Legitimacy and mandate of WHO

- Derived from its Constitution entered into force on 7 April 1948: a wise document that stipulates the objective of WHO, defines health and sets out the prime function of the Organization

Priority setting in WHO

- In an increasingly complex field with more than 100 actors active in health (nongovernmental organizations, international agencies, etc.), it is increasingly important for **WHO to focus on priorities, where it has a comparative advantage**
- It is impossible to be the best in everything and without prioritization, there is a danger of spreading itself too thin
- A new way of setting priorities has been part of WHO reform (programmatic reform, the other areas are governance and management)

Our vision

Health is a fundamental human right; everyone has the right to the highest possible level of health.

Who we are

World Health Organization is the United Nations' specialized agency for health, made up of 194 Member States, and supported by more than 7,000 staff based in 154 countries, six regional offices, and headquarters in Geneva.

What we do

Our primary role is to direct and coordinate international health, we:

- provide leadership on matters critical to health
- shape the health research agenda
- define norms and standards for health
- articulate policy options for health
- provide technical support and build capacity
- monitor health trends



World Health Organization

Our reform story

The first decade of the 21st century brought unprecedented challenges and opportunities for people's health. Old public health problems persist and new ones emerged. New technologies, ageing populations, globalization, migration, climate change, disasters and emergencies all increase the complexity of the health challenges we face.

The global public health landscape is crowded and poorly coordinated. This demands renewed leadership in global health, responding on rapid emerging needs, adapting to new ways of working, and using resources efficiently and effectively.

Reform – our aims



Programmatic reform to improve people's health



Governance reform to increase coherence in global health



Managerial reform in pursuit of organizational excellence

Reform – our pathway

Programmes & Priorities

Leadership priorities give focus and direction to WHO's work:

Advancing universal health coverage

Achieving the health-related Millennium Development Goals

Addressing the challenge of noncommunicable diseases and mental health

Implementing the International Health Regulations

Increasing access to essential, high-quality and affordable medical products

Reducing health inequities by addressing the social, economic and environmental determinants of health

Governance

Reforms of the World Health Assembly, Executive Board and its subcommittees, and Regional Committees will strengthen the oversight of WHO, harmonize governance processes, enhance strategic decision-making, and streamline reporting and communication. Strengthened engagement with partners and stakeholders in global health, such as UN agencies, NGOs, civil society, foundations, academia and industry will better align actions to promote health and well-being. This engagement is guided by principles based on WHO's intergovernmental identity and science-based approach.



Management

Revitalising managerial processes and organizational structures will build an organization that is more effective, efficient, responsive, objective, transparent, and accountable. Key elements include a new approach to results-based management, a new financial mechanism, a new human resource model, and a strengthened culture of evaluation.



EB128 Discussion on future of financing of WHO leads to calls for reform

2011

EB129 & WHA64 Endorsement of WHO reform agenda

Regional Committee Meetings Member States discuss concept paper on reform

Special session of EB dedicated to WHO reforms

2012

EB130 requests WHO to prepare report covering all aspects of reform for submission to WHA65

Member States meeting on Programmes and Priority setting

EB131 & WHA65 reviews consolidated report on reform, draft outline of the 12th general programme of work, stage one evaluation report and draft implementation on reform

Regional Committee Meetings Member States discuss draft 12th general programme of work and proposed programme budget 14-15

Extraordinary meeting of the PBAC to focus on the financing of WHO

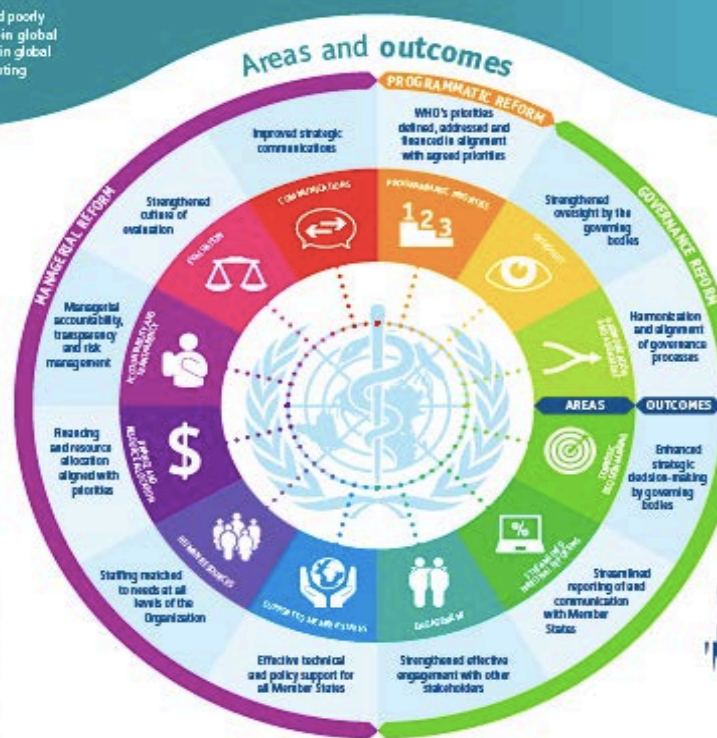
2013

WHA66 adopts a general programme of work 2014-19 and approves the whole programme budget 2014-15, deriving the strategic direction for WHO, and sets up a new financing mechanism. EB133 discusses principles of engagement with non-state actors

Financing Dialogue with Member States and other donors, with the aim of increasing the predictability, all-governance, transparency and stability of WHO funding

EB134 reviews outcome of Research Dialogue, proposals for streamlined reporting of Member States and hosted partnerships

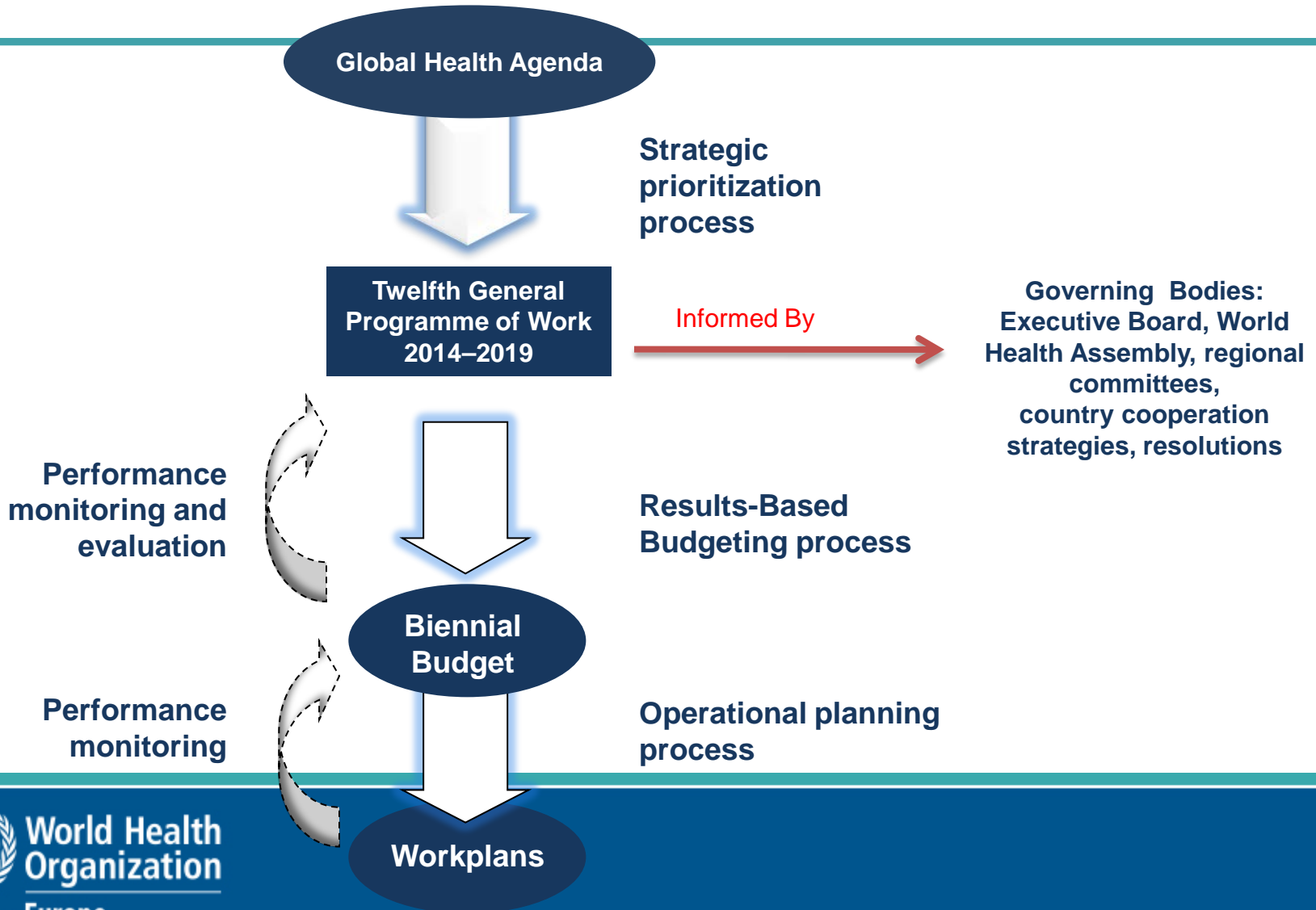
2014



WHO's core functions

1. Providing **leadership** on matters critical to health and engaging in partnerships where joint action is needed
2. Shaping the **research** agenda and stimulating the generation, translation and dissemination of valuable knowledge
3. Setting **norms and standards**, and promoting and monitoring their implementation
4. Articulating ethical and **evidence-based policy** positions
5. Providing technical support, catalysing change and developing **sustainable institutional capacity**
6. Monitoring the health situation and assessing **health trends**.

Results-based management framework



Consultative process on RBM

- Extended consultative process with Member States: **top-down and bottom-up**
- Drafts reviewed at the following governance fora:
 - the six regional committees in 2012
 - PBAC in January 2013
 - Executive Board
 - web-based consultation
 - approval by World Health Assembly
- In the regions we translate it into regional implementation plans.

Leadership priorities 2014–2019

- **Advancing universal health coverage:** enabling countries to sustain or expand access to all needed health services and financial protection, and promoting universal health coverage as a unifying concept in global health
- **Health-related Millennium Development Goals** – addressing unfinished and future challenges: accelerating the achievement of the current health-related Goals up to and beyond 2015. This priority includes completing the eradication of poliomyelitis and selected neglected tropical diseases
- **Addressing the challenge of noncommunicable diseases** and mental health, violence and injuries and disabilities
- **Implementing the provisions of the International Health Regulations (2005):** ensuring that all countries can meet the capacity requirements specified in the Regulations
- Increasing **access to quality, safe, efficacious and affordable medical products** (medicines, vaccines, diagnostics and other health technologies)
- **Addressing the social, economic and environmental determinants of health** as a means to promote health outcomes and reduce health inequities within and between countries

Issues

- Because of the nature of the consultative process and because the World Health Assembly contains 194 countries, it is impossible to arrive at a few priorities at global level as **public health priorities are diverse** in the world.
- Consequently leadership priorities are sufficiently broad and encompassing a wide range of areas.
- At the same time, there is pressure for more focus and streamlined work which we ensure in the regions and countries. Our guiding principle is to follow the **public health challenges** emerging from the public health reports at regional and country level while we are mindful of the global priorities.
- Since Ebola in 2015, **emergency reform** has become a top priority.
- In Europe **migration and health** is also a top priority for us.

Accountability and compliance

- Zero tolerance for non-compliance
- Full commitment from WHO Director-General and RDs
- Key performance indicators – linked to personal appraisal
- Compliance with policies and financial regulations
- Internal, external audits and compliance units
- WHO Regional Office for Europe has a good track record

An example of accountability and priority setting in public health in Europe!

Targets and beyond – reaching new frontiers in evidence

Health 2020 targets

1. Reduce premature mortality
2. Increase life expectancy
3. Reduce inequities
4. Enhance well-being
5. Achieve universal health coverage
6. Establish national targets set by Member States



HEALTH 2020

A European policy framework
and strategy for the
21st century



European health report 2015

Main aims

- To report on progress towards the Health 2020 targets (since 2010 baseline);
- To reach new frontiers in health information and ‘evidence for the 21st century’, including further work on well-being.



Conclusions

The are **good news** and **not so good news**

- **The good news**

- European Region is on track to achieve the Health 2020 targets
- Europeans live longer and healthier lives than ever before
- Differences in life expectancy and mortality between countries in Europe are diminishing
- Many European countries are aligning their national health strategies with Health 2020

Conclusions

The are **good news** and **not so good news**

- **The not so good news**

- There are still unacceptable differences in health status between European countries
- If rates of smoking, alcohol consumption and obesity do not decline substantially, the gains in life expectancy could be lost in the future
- Data collections need to be strengthened and new health monitoring approaches explored to obtain adequate evidence for the 21st century

Policy coordination and partnership in Europe

European Union (EU) and its institutions

- **European Commission:** Moscow (2010) and Vilnius Declaration (2015)
 - Key areas: innovation, health security, health information, health inequities, health systems strengthening, chronic diseases
- **European Parliament** and ENVI Committee
- **European Centre for Disease Control (ECDC):** memorandum of understanding and joint work plans
- Close coordination with other EU agencies: EFSA, EMCDDA, EMA

UN Agencies

- **Regional:** Regional UN Development Group and Regional Coordination Meetings (RD level)
- **Country level:** UN Country Teams and UN Development Assistance Framework (UNDAF)
- Joint Action Framework with UNICEF and UNFPA
- Bilateral relations with: World Bank, UNAIDS, UNICEF, UN Development Programme (UNDP), UN Economic Commission for Europe (UNECE), UN Environment Programme, UN Population Fund (UNFPA), International Labour Office (ILO) and others.

Other key partners

- Organisation for Economic Co-operation and Development (OECD) (joint action plan)
- Council of Europe
- Global Health Partnerships, e.g. GAVI Alliance and Global Fund
- Subregional: South-East Europe Health Network, Northern Dimension, Commonwealth of Independent States etc.
- Large number of NGOs.

Positive outcome of close partnership

- Coherent policies
- Coherent policy messages
- Harmonized work
- Avoidance of parallel activities
- Strict coordination during emergencies and coherent risk communication