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# The work of WHO in the European Region in 2014–2015: interim report of the Regional Director



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## **The work of WHO in the European Region in 2014–2015: interim report of the Regional Director**

This report highlights some of the most important work of the WHO Regional Office for Europe in 2014–2015 for better health in the European Region. As Health 2020 forms the framework for all the Regional Office's work, this report addresses Health 2020's priority areas for action:

- investing in health through a life-course approach and empowering people;
- tackling the Region's major challenges of noncommunicable and communicable diseases;
- strengthening emergency preparedness, surveillance and response;
- strengthening people-centred health systems and public health capacity; and
- creating resilient communities and supportive environments.

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## Abbreviations

AMC network	network of national surveillance systems to collect data on consumption of antimicrobial medicines in non-European Union countries in the WHO European Region
AMR	antimicrobial resistance
BCAs	biennial collaborative agreements
CAESAR	Central Asian and Eastern European Surveillance of Antimicrobial Resistance
CARINFONET	Central Asian Republics Health Information Network
CCS	country cooperation strategy
CDC	United States Centers for Disease Control and Prevention
CIS	Commonwealth of Independent States
ECDC	European Centre for Disease Prevention and Control
EFNNMA	European Forum of National Nursing and Midwifery Associations
EHEN	Environmental Health Economics Network
EHII	European health information initiative
EIW	European Immunization Week
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESAN	European Salt Action Network
ESCMID	European Society of Clinical Microbiology and Infectious Diseases
ETAGE	European Technical Advisory Group of Experts on Immunization
EU	European Union
EVIPNet Europe	Evidence-informed Policy Network Europe
FAO	Food and Agriculture Organization of the United Nations
FCTC	WHO Framework Convention on Tobacco Control
GDO	geographically dispersed office
GIZ	German Agency for International Cooperation (Deutsche Gesellschaft für Internationale Zusammenarbeit)
GPG	WHO Global Policy Group
HEN	Health Evidence Network
HINARI	Health Access to Research in Health Programme (Health InterNetwork framework)
IHR	International Health Regulations
IPV	inactivated polio vaccine
KIT	Royal Tropical Institute (the Netherlands)
M/XDR-TB	multidrug-/extensively drug-resistant tuberculosis
MDGs	Millennium Development Goals
m-health	mobile health
NCDs	noncommunicable diseases
NGOs	nongovernmental organizations
OECD	Organisation for Economic Co-operation and Development
PBAC	Programme, Budget and Administration Committee of the Executive Board
PHC	primary health care
PIP	Pandemic Influenza Preparedness (Framework)
polio	poliomyelitis
RC	Regional Committee
RCM	(United Nations) Regional Coordination Mechanism

RIVM	National Institute for Public Health and the Environment of the Netherlands
R-UNDG	Regional United Nations Development Group
SCRC	Standing Committee of the Regional Committee
SDGs	Sustainable Development Goals
SEEHN	South-eastern Europe Health Network
SMART	specific, measurable, achievable, relevant and time-bound (objectives)
TB	tuberculosis
THE PEP	Transport, Health and Environment Pan-European Programme
UHC	universal health coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCTs	United Nations country teams
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development

## Introduction: implementing the vision of better health for Europe

1. When Zsuzsanna Jakab took office as WHO Regional Director for Europe in 2010, the 53 Member States in the WHO European Region faced daunting challenges. Inequities in health continued to scar the Region, despite an increase of five years in overall life expectancy; and noncommunicable diseases (NCDs), with their social, behavioural and environmental determinants, accounted for the bulk of the burden of disease. Economic recession and the resulting austerity meant that the health systems in countries grappling with these challenges were hindered by reduced public health functions and poorer access to services. New thinking was needed to put health higher on the political agenda.

2. In response, the WHO Regional Office for Europe proposed a new vision of better health for Europe (1), rooted in the WHO Constitution (2) and the concept of health as a human right (3), to the 60th session of the WHO Regional Committee for Europe (RC) in 2010. Member States adopted the Regional Director's vision of "Better health for Europe" in resolution EUR/RC60/R2. This launched a new partnership between the Regional Office and Member States, first to delineate and then to implement the vision, by establishing and pursuing seven strategic priorities for action:

- developing a European health policy as a coherent policy framework that would address all the challenges to better health in the Region (including the underlying root causes) through both rejuvenated work on public health and continued work on health systems;
- improving governance in the WHO European Region and in the Regional Office;
- further strengthening collaboration with Member States;
- engaging in strategic partnerships for health and creating improved policy coherence;
- reviewing Regional Office functions, offices and networks;
- reaching out through improved information and communications; and
- promoting the Regional Office as an organization with a positive working environment and sustainable funding for its work.

3. These priorities form the basis for accountability of progress towards the vision, and the resulting recurring themes in reports on the Regional Office's work in the Region. Two previous reports (4)(5) describe the creation of the vision and the start of its implementation in a renewed policy environment, in which Health 2020 (6) provides the unifying framework for all the joint work of the Regional Office, Member States and their partners.

4. Against that background, this report describes the work of the Regional Office in 2014–2015: a time of transition, in which the new partnership of the Regional Office, countries and other bodies completed its first five years and entered a new stage – one of consolidating and fully implementing their joint commitments while facing new challenges (7). As a milestone in and symbol of this process, Member States nominated Zsuzsanna Jakab as WHO Regional Director for Europe for a second five-year term, which she began in February 2015 (8). In 2014–2015, the Regional Office, Member

States and their partners started working for better health for Europe, striving for more equity in health and linking health to sustainable development, in line with the post-2015 development agenda.

## **Better health for Europe: more equitable and sustainable**

5. This report highlights some of the most important work of the WHO Regional Office for Europe in 2014–2015 for better health in the European Region. The Regional Office's website (9) provides details on all its activities. As Health 2020 is the framework and guide for all the Regional Office's work, the subsequent sections of this report address Health 2020's priority areas for action:

- investing in health through a life-course approach and empowering people;
- tackling the Region's major challenges of NCDs and communicable diseases;
- strengthening emergency preparedness, surveillance and response;
- strengthening people-centred health systems and public health capacity; and
- creating resilient communities and supportive environments.

6. This section comprises an introduction to several areas that act as unifying themes for the Regional Office's work: the European health policy, work for health and development, and work with countries.

### ***Renewed policy environment, framed by Health 2020***

7. In supporting Member States in implementing the vision of better health for the European Region, the Regional Office sought to identify the most important areas for joint action and to agree with Member States on the scope of issues to be addressed, the most effective approaches to take, the priority areas for action by both countries and the Regional Office, and measures to assess and report on progress and determine the next steps. Action was needed on many issues; the Regional Office and countries therefore moved swiftly, with Member States acting through the WHO Regional Committee for Europe, to adopt action plans and strategies on:

- HIV/AIDS (10), drug-resistant tuberculosis (11) and antimicrobial resistance (AMR) (12) in 2011;
- stronger capacities for public health (13), NCDs (14), healthy ageing (15) and the harmful use of alcohol (16) in 2012; and
- mental health (17) and vector-borne diseases (18) in 2013.

8. Earlier reports described the development and adoption of these plans, and the immediate steps of the Regional Office and countries to implement them. This report describes further progress in implementation and the adoption of strategies and action plans on healthy nutrition (19), child and adolescent health (20), the prevention of child maltreatment (21) and the promotion of vaccination (22) in the European Region.

9. Despite the variety of topics addressed, the Regional Office followed the same process in developing the strategies and action plans: basing their content on the best



available evidence, thoroughly discussed with technical experts, and then repeatedly drafting and revising the texts in close consultation with Member States, partners and other stakeholders. This took place in a variety of forums, including meetings and online consultations with experts and policy-makers, and review by the Region's smaller governing body, the Standing Committee of the Regional Committee for Europe (SCRC), before submission of the final results to the larger governing body, the Regional Committee, for final decision. This process maximized countries' ownership of the action plans, while preserving their freedom to pursue the agreed goals in the ways best suited to their different circumstances and enabling the Regional Office to tailor its support to their varying needs.

10. Developed, adopted and acted on in the same way, Health 2020 (6) frames and unifies this renewed policy environment, helping each initiative not only to address its particular issue but also to contribute to the Region's overarching goals: to take action across government and society to improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of a high quality.

### ***Implementation of Health 2020***

11. While the implementation of Health 2020 (5)(6) started immediately after the adoption of resolution EUR/RC62/R4 by RC62 in 2012, and gathered momentum in 2014–2015, the Regional Office and Member States made their first assessment of progress at RC64 in 2014 (7)(23). Country representatives overwhelmingly endorsed the usefulness of the policy framework and expressed appreciation for the many and varied forms of support provided by the Regional Office. In supporting Health 2020 implementation, the Regional Office focused on:

- spreading awareness of Health 2020 and its supporting studies;
- integrating Health 2020 values, principles and approaches into every aspect of its work;
- building capacity for implementation at the Regional Office and in countries and devising plans to guide the work; and
- responding to countries' requests for support and assisting them and WHO networks in preparing national or subnational policies and plans inspired by or aligned with Health 2020.

12. With this support, countries used Health 2020 to shape their health policies and its tools and approaches, for example, to promote multisectoral action, ensure the consideration of Health in All Policies and engage with non-State actors.

### **Raising awareness**

13. The Regional Office sought to raise awareness of Health 2020 and its content in a range of ways. These included making its supporting studies more widely available: publishing Russian translations of the review of social determinants and the health divide in the WHO European Region (24) and two studies on governance for health (25)(26); and French and German translations of the 2012 European health report (27) in 2014. Health 2020 was promoted at international health policy conferences across the

WHO European Region, such as the 11th Nordic Conference on Public Health, held in Norway in August 2014. The Trondheim Declaration adopted by the Conference's participants was aligned with Health 2020 (28). The Regional Office held or planned policy dialogues on implementing the Health 2020 vision for groups of countries in the European Region in 2014–2015: the Nordic and Baltic countries, the Commonwealth of Independent States (CIS) and the countries of south-eastern Europe (23)(29). Furthermore, Regional Office staff promoted the policy framework in face-to-face meetings with health ministers and heads of government, and began work on a Health 2020 communication strategy. Advocacy stressed the importance of investment in public health interventions; the integration of essential public health functions (13) into health systems and at the population level through multisectoral approaches is the essence of Health 2020, which requires three main elements to be successful: integrated policies; much stronger public health capacities and services; more cohesion within the health sector and much more sophisticated work across sectors, including beyond governments.

### **Integrating Health 2020 into the Regional Office's work**

14. Supporting the implementation of Health 2020 became an Office-wide responsibility and permeated the work, as this report demonstrates (23). Health 2020 was embedded in all operational planning for 2014–2015 and the following biennium, and concrete steps for implementation were included in all the biennial collaborative agreements (BCAs) made with countries; the Regional Office determined entry points for each, such as the development of a national health policy, capacity for whole-of-government approaches, multisectoral committees and/or a multisectoral strategy on NCDs.

### **Building capacity and making plans**

15. The Regional Office's work to build capacity focused on ensuring a flexible approach to the implementation of Health 2020 that would enable countries to work from different starting points, using coherent frameworks and comprehensive approaches. Work to build capacity within the Regional Office included training on Health 2020 for more than 100 staff, including the heads of country offices, through the WHO Global Learning Programme on National Health Policies, Strategies and Plans (23). The SCRC formed a subgroup to support Health 2020 implementation (7). To develop capacity for implementation in both the Regional Office and countries, in 2014, the Regional Office trained a group of accredited WHO Health 2020 consultants to support health policy development aligned with the policy framework, and invited other public health professionals, health academics and experts with broad expertise to apply to join their ranks (30).

16. Perhaps most important, the Regional Office published its Health 2020 implementation package (31), a combination of tools, services and written materials to support evidence-informed policy development and strengthen the engagement of institutions and stakeholders in work to improve health and well-being in line with Health 2020's values, principles and recommended actions. The nine-part package was designed for people and institutions with political and technical roles in countries, including ministers; health ministries, associations and agencies; WHO country offices; actors in other sectors; and WHO networks. In addition, the Regional Office

strengthened its arrangements for evaluating Health 2020, developing the monitoring framework and platform that would be used to track progress in implementation across the Region (32).

17. In planning joint activities with countries, through BCAs and the new country cooperation strategies (CCSs) for 2014–2015 (see paragraph 33), the Regional Office made detailed roadmaps for the next steps in strategic implementation in each country, including matching with consultants (23).

### **Helping countries make policies aligned with Health 2020**

18. In responding to countries' requests, the Regional Office worked not only individually but also through multicountry mechanisms operating at the international, regional, national and local levels, including existing WHO networks, such as the South-eastern Europe Health Network (SEEHN). These mechanisms were particularly useful in helping countries exchange know-how and good practices. An important part of this work was the inclusion of health in the rollout of United Nations Development Assistance Frameworks (UNDAFs) for European countries. At the heart of Health 2020, NCD control and the sustainable development concept lies the belief that social, institutional, economic and environmental objectives are interdependent, complementary, mutually reinforcing and coherent. UNDAF-supported analysis and programming are ways to bring these concerns to the centre of the national debate and the framework for development.

19. In addition to the work with groups of countries described above, in 2014, the Regional Office launched a project with San Marino, in which eight European countries with populations of less than 1 million (Andorra, Cyprus, Iceland, Luxembourg, Malta, Monaco, Montenegro and San Marino) committed themselves to implementing Health 2020, to building capacity for change and to learning from their experiences in cooperating to improve their citizens' health and well-being (33). While small countries were champions of strategic adaptability and usually at the forefront of global diplomacy, addressing their problems requires specific, tailored solutions. The Regional Office focused on the small countries' initiative as a dynamic laboratory for testing how the best choices for health policies and governance could be made. The Regional Office planned a second meeting of the initiative in Andorra in July 2015, to be attended by many ministers representing different sectors in the eight countries.

20. Furthermore, long-standing networks also focused on implementation. The 2014 meeting of the Regions for Health Network, held in Florence, Italy, focused on building capacity to realize Health 2020's principles and values and to publish accounts of best practices and valuable case studies on implementation at the subnational level (34); the WHO European Healthy Cities Network was a key vehicle for delivering Health 2020 locally (35).

### **Action by countries**

21. All these efforts clearly succeeded, as demonstrated by the widespread implementation of Health 2020. With tailored support from the Regional Office, countries worked in different ways and with various priorities depending on their circumstances: some focused on developing fully fledged national health policies or on

the prevention of NCDs, while others reported progress on health systems, public health or hospital reform, or established universal health coverage (UHC) for the first time (7).

22. Many countries developed national health policies or strategies aligned with Health 2020 (Estonia, Ireland, Kyrgyzstan, Latvia, Portugal, Switzerland and Turkey in 2013; Bulgaria, Croatia, Hungary, Romania, Serbia and Slovakia in 2014); others used it to develop policies on disease prevention and health promotion (Israel, Italy and Spain in 2013) or cancer (Luxembourg in 2014) or implementation plans for their health policies (Lithuania and Portugal in 2014). An increasing number of countries began or planned to start developing new health policies based on Health 2020 in 2014 (Albania, the Czech Republic, France, Iceland, Malta, Poland, the former Yugoslav Republic of Macedonia, Turkmenistan and Uzbekistan).

23. Countries also reported implementing Health 2020 through other policy entry points, such as NCD prevention and control (Azerbaijan, Bulgaria, Georgia, Kyrgyzstan, Tajikistan and Turkmenistan) and the strengthening of public health services and capacities (Armenia, Bosnia and Herzegovina and the Republic of Moldova). In partnership with the Regional Office, SEEHN led the development of a chapter based on Health 2020 in a new strategy for economic growth called SEE 2020, while also developing a SEEHN health strategy based on Health 2020 goals. In March 2014 the SEEHN countries (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Israel, Montenegro, the Republic of Moldova, Romania, Serbia and the former Yugoslav Republic of Macedonia) agreed to use Health 2020's core targets and indicators to establish a common baseline to measure health improvement within SEE 2020. This was supported by the main agencies coordinating the strategy: the Regional Cooperation Council, the Organisation for Economic Co-operation and Development (OECD) and the European Commission Directorate-General for Neighbourhood and Enlargement Negotiations (23).

24. All these achievements showed that Health 2020 was a much needed and usable framework for improving health outcomes and for increasing the performance of institutions in the European Region. WHO and countries established new forms of partnership, exchange and cooperation, which were central to developing know-how in key areas, such as whole-of-government and whole-of-society approaches and using an intersectoral approach to tackle health inequities. WHO played a key role in facilitating this new cooperation by systematically sharing lessons learned (7). Promoting intersectoral action for health and well-being, which is at the heart of Health 2020, was chosen as the theme of RC65.

### ***Work for health and development***

25. While the entire WHO Regional Office for Europe worked for various aspects of health and development, Office-wide efforts included those addressing the post-2015 development agenda and the issue of migration and health.

### **Post-2015 development agenda**

26. The Regional Office continued to contribute to the process to determine the development agenda for the period after 2015, when the Millennium Development Goals (MDGs) expire (5) (36). This agenda would pursue sustainable development, for

which health was a precondition, an outcome and an indicator of success. The United Nations Open Working Group on Sustainable Development Goals had proposed 17 sustainable development goals (SDGs) and 169 targets, including the goal of attaining healthy life for all at all ages. The Open Working Group also recognized that UHC was central to sustainable development. Member States would set the new SDGs at a United Nations summit to be held in September 2015 (36).

27. While continuing to pursue the achievement of the MDGs, the Regional Office worked with sister United Nations agencies, within WHO and with countries to ensure that health took its rightful place on the new development agenda. For example, in 2014, the WHO Regional Director for Europe took part in discussions of the agenda by the WHO Global Policy Group (GPG) – comprising the WHO Director-General and regional directors – and the SCRC (37), which agreed that the future development framework should address the unfinished agenda of the MDGs, UHC, NCDs, and sexual and reproductive health and rights. The Regional Office prepared a fact sheet to inform members of the European Parliament about the issue (38). Finally, Member States attending a consultation in Turkey – organized by the Regional Office, in partnership with the Regional United Nations Development Group (R-UNDG) and the United Nations Regional Coordination Mechanism (RCM), led by the United Nations Development Programme (UNDP) and the United Nations Economic Commission for Europe (UNECE) and hosted by the Ministry of Development of Turkey – set Health 2020 as the framework for the new vision for health in the post-2015 development agenda (36).

28. During RC64, the Regional Office held a lunch for ministers and heads of country delegations to discuss progress and accelerated efforts to achieve the health-related MDGs and the dialogues and consultations taking place to establish the SDGs (7). It requested health ministries to keep national representatives participating in the United Nations General Assembly session in New York in September and October 2014 well informed on health-sector discussions. In March 2015, the GPG emphasized that WHO should support the development of national plans based on the SDGs, engage in a multisectoral response based on partnerships at the national level, and take part in discussions on different financing mechanisms for development.

29. Since identifying ways to deliver the new goals was part of the process of developing the SDGs, United Nations country teams (UNCTs) in the European Region led dialogues on six different themes throughout 2014 in Armenia, Azerbaijan, Montenegro, the Republic of Moldova, Tajikistan, Turkmenistan, Turkey and Serbia, as well as Kosovo (in accordance with Security Council resolution 1244 (1999)) (36). In addition, the Regional Office organized major events both to contribute to the development of the SDGs and to align their agenda with related work in the European Region. These included a meeting in Bonn, Germany, at the end of September 2014 – organized with WHO headquarters at the request of the WHO European Member States participating in the European Environment and Health Process (see paragraphs 143–147 and 152) – to align the agendas of the Process and the SDGs. Representatives from 22 European countries, international organizations, the United Nations Open Working Group on SDGs and civil society discussed the regional relevance, accuracy, appropriateness and viability of health- and environment-related goals, targets and indicators (39). Similarly, the Regional Office planned to include achieving MDGs 4 and 5 and the post-2015 SDGs on the agenda of the WHO European Ministerial

Conference on the Life-course Approach in the Context of Health 2020 (40), to be held in Minsk, Belarus, in October 2015. This would be the first such event to link the MDGs and the SDGs with Health 2020 and the improvement of reproductive, maternal and child health (see paragraphs 37–43).

## **Migration and health**

30. Migrants may be more exposed to the avoidable health issues being addressed across the Regional Office, including inequities, unhealthy lifestyles, infections, limited access to care, social stigmatization and mental and physical health challenges. In line with Health 2020, the Regional Office continued to support Member States in developing evidence-based policies to ensure good health for migrants (41). Through its Public Health Aspects of Migration in Europe project, for example, the Regional Office worked closely with Member States bordering the Mediterranean Sea to strengthen the health sector's preparedness for and capacity to address large, sudden influxes of migrants. Activities in 2014–2015 included assessment missions in Bulgaria, Cyprus, Greece, Serbia and Spain, conducted with the countries' health ministries and involving a wide range of stakeholders; the development and testing of a toolkit for assessing the capacity of health systems in the acute phase of an influx; and the publishing of health systems capacity assessments in Italy (42), Malta (43) and Portugal (44). In addition, the Regional Office helped to draft a contingency plan for the Italian region of Sicily for the management of the health needs of massive influxes of migrants. Partners in the work on migrant health included the European Commission, the European Centre for Disease Prevention and Control (ECDC), the United States Centers for Disease Control and Prevention (CDC), the International Organization for Migration and the European Agency for the Management of Operational Cooperation at the External Borders of the Member States of the European Union.

31. The Regional Office commissioned three synthesis reports from its Health Evidence Network (HEN) to provide evidence on policies and interventions to reduce inequalities in the accessibility and quality of health care delivered to three groups requiring different policy approaches: undocumented migrants, labour migrants, and refugees, asylum seekers or newly arrived migrants. The WHO Regional Director for Europe joined health ministers and senior officials of European Union (EU) countries to discuss migration and health at an informal council held in Athens, Greece, in April 2014, as part of the Greek Presidency of the Council of the EU. Ministers agreed to set up a working group under the EU's Health Security Committee, with WHO participation, to explore developing voluntary guidelines for screening and vaccination. Finally, the Regional Office held a technical briefing on migration and health, attended by representatives of Member States and nongovernmental organizations (NGOs), during RC64 (7), to plan systematic regional activities in the framework of Health 2020 and to begin to prepare an action plan to address the public health aspects of migration in the WHO European Region.

## **Work with countries**

32. In 2014–2015, the Regional Office sought to ensure the coordinated and integrated delivery of support to all of the Region's 53 Member States, tailored to each one's priorities, needs and circumstances. It also worked through mechanisms for

cooperation with countries to pursue programmatic goals, such as those discussed above.

33. To agree on the priorities for work with countries, the Regional Office continued to sign BCAs, primarily with the nearly 30 Member States that have country offices. While the BCAs covered two-year periods, the Regional Office also made increasing use of the CCS, an Organization-wide reference for WHO's work with countries, in line with Health 2020, which guides planning, budgeting, resource allocation and partnerships in the medium term. The Regional Office signed three new CCSs in 2014, with Cyprus (45), Portugal (46) and the Russian Federation (47), to strengthen the countries' health systems and to address a varied list of other priorities, such as implementing Health 2020, increasing health security and exchanging information and expertise on NCDs and the social determinants of health. Furthermore, the Regional Office organized a technical briefing on its country focus for the Region as a whole during RC64 (48), as the country strategy requested by RC62 had been deferred, pending the completion of a global strategy. The briefing provided an overview of the Regional Office's country work, and clarified the roles and responsibilities of country offices in the European Region (see paragraph 179).

34. In addition, WHO's work with countries was closely aligned with efforts to set the post-2015 development agenda and the development of UNDAFs in countries (see paragraph 172). To support the work of UNCTs and ministries of health, the Regional Office, in consultation with the RCM and the R-UNDG, developed a guidance note on how to ensure that UNDAFs included health equity, Health 2020 and NCD prevention and control, and sent it to UNCTs in September 2014 (7) (49). The Chair of the UNDG Team for Europe and Central Asia, the Regional Director for Eastern Europe and Central Asia, United Nations Population Fund (UNFPA), was an important partner in this work, and called for increased cooperation between UNFPA and WHO during the discussions at RC64 (7).

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

35. In addressing health over the life-course and striving to empower people, the WHO Regional Office for Europe combined the pursuit of agreed strategies and initiatives with the development of new action plans for Region-wide responses.

### ***Promoting healthy childhood development and transforming maternal health***

36. As health is easier to protect and promote later in life when people have a good start early in life, in 2014–2015, the Regional Office focused major work on improving child and maternal health. Although the European Region had made substantial progress in both areas, disparities persisted.

### **Early childhood development and investing in children**

37. The Regional Office provided evidence to demonstrate the need to focus on development in early childhood and the integration between health and social welfare;

this required multisectoral collaboration, especially with sectors such as education, social policy and employment. To encourage Member States to further invest in children's health, it published a review of the status of and policies on early childhood development in a representative sample of countries in the European Region (50) and held a lunch during RC64, at which ministers and heads of delegations discussed how best to invest in this area (51).

38. Subsequently, countries committed themselves to investing in promoting and protecting the health of children through the adoption of the European child and adolescent health strategy (20) and the European child maltreatment prevention action plan 2015–2020 (21), as endorsed by RC64 in resolution EUR/RC64/R6. Both the action plan and the strategy emphasize the importance of early childhood development and address priority areas of child health; they include the disadvantaged, emphasize intersectoral and evidence-based policy, and are aligned with Health 2020 and other relevant policies.

39. The strategy seeks to collect data on older children and adolescents, and to study the environmental influences on children's health at all ages, including before birth. It pursues a vision in which children are visible and attended to, free of poverty, bonded with caring parents, exclusively breastfed in their first months and educated to equip them to be well functioning members of society. The action plan aims to reduce the annual rate of child homicide by 20% in the Region as a whole by 2020 by making the effects of child maltreatment more widely known; strengthening governance to prevent child maltreatment through partnerships and multisectoral action; reducing the risk of maltreatment through improved child protection legislation, education and support for new parents and increased training for health professionals. The Regional Office developed both the strategy and the action plan through the process of broad technical and political consultation described in paragraph 9. This involved European Member States and national technical focal points, the SCRC, the European Commission's Directorate-General for Justice and Consumers, the United Nations Children's Fund (UNICEF) and various NGOs, as well as WHO headquarters (7).

40. The Regional Office continued these efforts by joining with UNDP, UNFPA and UNICEF to prepare the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020, to be held in Minsk, Belarus, in October 2015 (see paragraph 29). It would focus primarily on the health and behaviour of parents-to-be and their influence on the next generation, and explore best practices to reduce inequalities in reproductive health in the European Region (40).

### **Transforming maternal health**

41. Even though the maternal mortality ratio fell to 17 deaths per 100 000 live births in 2013, the WHO Regional Office for Europe continued to see results from its Effective Perinatal Care (52) and Beyond the Numbers (53) initiatives, particularly in central and eastern European countries. Activities included a training course for health specialists in Tajikistan (54) on growth assessment, infant and young child feeding, and nutrition for pregnant and lactating women. Held in February 2014, the course was organized with the cooperation of the WHO Country Office in Tajikistan, Mercy Corps, the United States Agency for International Development (USAID) and with EU support.



42. Activities in 2014 and 2015 pointed to the continuing impact of *Beyond the Numbers*. The Regional Office held a workshop in Kyrgyzstan in April 2014 for representatives of 12 countries, UNFPA, UNICEF, USAID, the German Agency for International Cooperation (GIZ) and international experts (55). The participants shared their experiences of using case reviews to reduce maternal and newborn deaths, and developed recommendations for all countries in the European Region and beyond that had started implementing *Beyond the Numbers*. A mission from the Regional Office to the Republic of Moldova in early 2015 concluded that the use of case reviews and other tools would significantly reduce maternal mortality in the country (56). This was part of a programme funded by the EU, UNDP and the Swiss Agency for Development and Cooperation, and implemented in close partnership with WHO and UNICEF. Finally, policy-makers from Bulgaria, Montenegro, the Republic of Moldova, Romania, Slovenia and Ukraine, as well as Kosovo (in accordance with Security Council resolution 1244 (1999)), discussed the WHO recommendations for task-shifting in maternal and newborn health at a workshop in Slovenia in September 2014, jointly facilitated by the Regional Office, WHO headquarters and the Norwegian Knowledge Centre for the Health Services (57).

43. The Regional Office also continued to work for better sexual and reproductive health. For example, *Entre Nous* (58), a journal published with support from UNFPA, examined adolescents' needs for services. The Regional Office and UNFPA also organized an assessment of the impact of the national strategy on reproductive health in the Republic of Moldova in October 2014, at which representatives of the ministries of health, social affairs, education, youth and sports, health service providers, interagency partners and development agencies discussed the findings of the assessment and the development of the next strategic document (59).

### ***Implementing the action plan on NCD prevention and control***

44. In implementing the European action plan on NCDs (14), the Regional Office focused on strengthening intersectoral policies and strategies, in line with the global action plan on NCDs (60) and Health 2020 (6).

45. These efforts had already started to show visible results: a substantial increase in the number of Member States with integrated national NCD policies and countries' efforts to strengthen their monitoring systems by adapting the global monitoring framework to their circumstances. In 2014, WHO published profiles of all 53 Member States in the European Region, estimating for each country the current burden of and recent trends in NCD mortality, the prevalence of selected major risk factors and the national health system's capacity to respond, including through NCD policy and monitoring (61). The profiles showed that, despite the efforts of countries to implement the global and European action plans, much more action was needed.

46. To assist countries, the Regional Office assessed the current barriers and innovative approaches to improving NCD outcomes. It followed a five-step process to make contextualized policy recommendations: analysing key indicators for NCD outcomes, linking the analysis to the coverage of core population interventions and individual services, exploring the health systems challenges that prevented more extensive coverage with core interventions and services, identifying opportunities and exploring innovations and good practices that could be used for cross-country

learning (62). The Regional Office made such assessments in Belarus (63), Estonia (64), Hungary (65), Kyrgyzstan (66), the Republic of Moldova (67), Tajikistan (68) and Turkey (69) in 2014, and more are under way. Some focused on particular NCDs, such as cardiovascular diseases or diabetes, and the assessment missions also provided opportunities to hold meetings on specific topics, such as food and nutrition policy (see paragraph 54).

47. The Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020 (70), the main outcome of a WHO ministerial conference held in Ashgabat, Turkmenistan, in December 2013, identified three areas of commitment to address NCDs that fully conformed with Health 2020 and the Global Action Plan (6)(60): acting across the whole of government and accelerating both national action and action to protect present and future generations from the devastating consequences of tobacco. RC64 endorsed the Ashgabat Declaration (7) in resolution EUR/RC64/R4 and called for its use in further action against tobacco (see paragraph 56).

48. Although prevention accounted for a large share of the recent decline in premature mortality from coronary heart disease, governments devoted only a fraction of health budgets to it (7). Together with the OECD and the European Observatory on Health Systems and Policies, the Regional Office conducted a major international study, which presented a strong economic case for action to promote health and to prevent disease (71).

49. In addition, the Regional Office promoted concerted public health approaches to the management of NCDs. A five-year grant from the Russian Federation, agreed in November 2014, enabled the Regional Office to launch a project for better management of NCDs, which aims to provide countries with improved data and methods for more effective prevention and evidence-based disease management. Work was well advanced towards opening a geographically dispersed office (GDO) on NCDs in Moscow, the Russian Federation, to expand the Regional Office's capacity to provide this support (72). Other work included, for example, a policy dialogue organized by the Ministry of Health, the National Health Information Centre and the WHO Country Office in Slovakia, held early in 2015, to discuss the planning and development of interventions to prevent and control NCDs through multisectoral collaboration (73).

### ***Addressing risk factors***

50. Developing action plans was an important part of the Regional Office's work in 2014–2015 on three risk factors for NCDs: poor nutrition, physical inactivity and tobacco use. Risk factors in the environment are discussed in paragraphs 154 to 157. In creating the action plans, the Regional Office pursued the broad consultative process described in paragraph 9.

### **Nutrition and physical activity**

51. In response to the Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020 (74), adopted by the participants of a WHO European ministerial conference in 2013 and endorsed by RC63 in resolution

EUR/RC63/R4, the Regional Office developed an action plan on food and nutrition (19) in 2014 and a strategy for physical activity (75) in 2015.

52. In February 2014, the Regional Office took part in a conference organized by Greece, under the aegis of its Presidency of the Council of the EU, which focused particularly on childhood obesity as a grave public health concern (76). Regional Office staff provided insight into the growing prevalence of this problem, shown by the WHO European Childhood Obesity Surveillance Initiative (77). In response to this situation and the call of the Vienna Declaration (74), the Regional Office developed the European Food and Nutrition Action Plan 2015–2020 (19), enthusiastically adopted at RC64 in resolution EUR/RC64/R7. Designated Champion of Health for Noncommunicable Diseases in the WHO European Region in March 2014, Mrs Evelin Ilves, First Lady of Estonia, strongly advocated the adoption of the Action Plan during the Regional Committee discussion (78).

53. With the mission of achieving universal access to affordable, healthy food and a balanced diet for all citizens of the WHO European Region, the Action Plan proposes a range of voluntary multisectoral action, including promoting breastfeeding and complementary feeding, eliminating *trans* fats and keeping saturated-fat consumption low, restricting the marketing of unhealthy food and drinks to children, promoting the reduction of salt intake, strengthening school nutrition, supporting obesity management and improving monitoring and surveillance. The Action Plan resulted from extensive consultation with countries, civil society and private sector organizations, and technical experts, and review by the SCRC; it was aligned with Health 2020 and related international initiatives: the global processes on NCDs (60) and nutrition (79), and an EU action plan on obesity (80). Members of the Regional Committee agreed that the types of action proposed were required to achieve the Action Plan's strategic goals, and welcomed its consistency with initiatives in their countries (7). The Regional Office's efforts to support countries in implementing the Action Plan included the release in early 2015 of a new tool to help them set criteria to identify the foods and drinks that should not be marketed to children (81).

54. In other work, representatives of the Regional Office, the Food and Agriculture Organization of the United Nations (FAO) and other international and national agencies took part in a conference held in Uzbekistan in June 2014 that promoted intersectoral discussions on diet, nutrition and food safety and security (82). In addition, the Regional Office published a fact sheet, using examples from country initiatives to illustrate what wider policy action on food and nutrition could achieve (83). In particular, countries had made important progress in reducing salt consumption, with the support of, for example, the European Salt Action Network (ESAN). Established under WHO auspices, with the support of the United Kingdom Food Standards Agency and with the European Commission as an observer, ESAN promotes the harmonization of programmes for salt-intake reduction in EU countries and beyond. It comprises 24 countries, namely, Belgium, Bulgaria, Croatia, Cyprus, Finland, France, Georgia, Greece, Hungary, Ireland, Israel, Italy, Malta, the Netherlands, Norway, Poland, Portugal, the Russian Federation, Serbia, Slovenia, Spain, Sweden, Switzerland and the United Kingdom (84).

55. Following the adoption of the Vienna Declaration (74), the Regional Office started preparing an action plan on physical activity (75), to be presented to RC65 in 2015. Applying a Health 2020 lens, it would encourage physical activity across all

population groups in order to promote well-being, using a whole-of-society approach, and tackle the burden of obesity and NCDs. The Regional Office gave priority to assessing the distribution of the health effects of physical activity and inactivity across society and the European Region. Early in 2015, the Regional Office held consultations with stakeholders on the strategy's content (85): a two-day meeting in Zurich, Switzerland, to obtain input from 47 European Member States, organized with the support of the Swiss Federal Office of Public Health; and an informal consultation, hosted by the Ministry for Energy and Health of Malta in Valletta, with participants from a broad range of civil society organizations, including international and European organizations representing health professionals, older people, municipalities, sports associations, educators and groups such as cyclists. The latter meeting provided an opportunity to discuss the strategy in depth, including civil society's role in its implementation.

## **Tobacco**

56. Reducing tobacco use was a Region-wide priority in 2014–2015. Although 50 of the 53 Member States in the European Region had ratified the WHO Framework Convention on Tobacco Control (FCTC) (86), the Region still had the highest proportion of adult smokers in the world. The FCTC had a high level of support but low implementation. The global goal was a 30% reduction in adult tobacco use by 2025, while the European goal was to make the Region tobacco free for the generation of children born in or after 2000. As mentioned, the Ashgabat Declaration (70) called for action to protect present and future generations from the devastating consequences of tobacco.

57. The Regional Office welcomed the adoption of the revised EU Tobacco Products Directive (87) in February 2014, and was committed to supporting its implementation. It encouraged countries to ratify the FCTC's Protocol to Eliminate Illicit Trade in Tobacco Products (88); 20 European countries (Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Ireland, Israel, Lithuania, Montenegro, the Netherlands, Norway, Portugal, Slovenia, Sweden, the former Yugoslav Republic of Macedonia, Turkey and the United Kingdom) and the EU achieved that step by early 2014 (89).

58. In addition, the Regional Office, with the FCTC Secretariat and the Government of Hungary, held a regional meeting on FCTC implementation in Budapest, Hungary, in March 2014 (90). Representatives of 43 Member States, international organizations and civil society discussed implementation activities at the country and regional levels and the status of the FCTC Protocol. Celebrating World No Tobacco Day on 31 May 2014 (91), the Regional Office, recognizing special contributions to tobacco control in countries and to the new EU Tobacco Products Directive, gave awards to the Minister of Health of the Republic of Ireland, the Minister of Health of the Republic of Lithuania, the Prime Minister of the Republic of Moldova, the President of Turkmenistan, the Director of Fresh Smoke Free North East in the United Kingdom and the European Commission's Health and Food Safety Commissioner. Representatives of the European Commission and of Ireland and Lithuania (on behalf of their presidencies of the Council of the EU) received their awards at RC64 in recognition of their work to ensure the adoption of the revised Tobacco Products Directive (7). The 2015 awards (92) recognized the following individuals and organizations for their efforts to combat the illicit trade in tobacco products, strengthen implementation of the WHO

FCTC, work for smoke-free public places and workplaces, and coordinate vital surveillance: Mr Luk Joossens of Belgium; the Government of Spain and the customs services of the Ministry for the Treasury and Public Administration; Mr Ilir Beqaj, Minister of Health of Albania; Professor Murat Tuncer, President of Hacettepe University, Ankara, Turkey, and the Kosovo Advocacy and Development Centre in Kosovo (in accordance with United Nations Security Council resolution 1244 (1999)); and Professor Tibor Baška, coordinator of the Global Tobacco Surveillance System of Slovakia, respectively. Finally, the Regional Office both supported and celebrated countries' achievements in tobacco control (93): consideration or implementation of plain packaging for tobacco products (France, Ireland, Norway and the United Kingdom); setting new rules for packaging (Belarus, Kazakhstan and the Russian Federation); smoke-free public places (Denmark and the Russian Federation); legislation (Finland and the Republic of Moldova); and awareness raising through World No Tobacco Day (the Czech Republic, the Republic of Moldova and Slovenia).

59. The Regional Office also started to prepare a roadmap of actions to help countries fully comply with the FCTC (document EUR/RC65/10), for submission to RC65 (7). Working closely with the FCTC Secretariat, a senior advisory group (representatives of civil society, Member States and experts) and the SCRC, the Regional Office focused on five areas for action: improving surveillance, supporting Member States in FCTC implementation, legislating on electronic cigarettes, underscoring the economic impact of long-term ill health from tobacco use, and enhancing partnerships with ministries of finance, trade and agriculture to reduce tobacco consumption. The roadmap could also include a simple checklist of the action required to implement each article of the FCTC.

## **Tackling the Region's major health challenges of communicable diseases**

60. In tackling the challenges of communicable diseases in 2014–2015, the WHO Regional Office for Europe combined the implementation of agreed strategies (10)(11)(12)(18) with continued action to promote immunization, eliminate certain diseases from Europe and respond to emerging threats.

### ***Tuberculosis***

61. The Regional Office reviewed the progress made in implementing the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-resistant Tuberculosis in the WHO European Region 2011–2015 (94). As a priority in the Region, the Action Plan had resulted in the achievement of most of the milestones for the seven areas of action:

- prevent the development of cases of multidrug-/extensively drug-resistant tuberculosis (M/XDR-TB);
- scale up access to testing for resistance to first- and second-line anti-TB drugs and to HIV testing and counselling among TB patients;
- scale up access to effective treatment for all forms of drug-resistant TB;
- scale up TB infection control;

- strengthen surveillance of drug-resistant TB and monitor treatment outcomes;
- expand countries' capacity to scale up the management of drug-resistant TB; and
- address the needs of special populations (11).

62. The Regional Office had worked closely with Member States and partners, including the ECDC and The Global Fund to Fight AIDS, Tuberculosis and Malaria.

63. At first, activity in the Region had focused on 18 high-priority countries, where 85% of TB cases had been reported, resulting in a substantial decrease in the incidence of TB in those countries. Nevertheless, a considerable disparity remained between the highest and lowest national incidence rates in the Region, and MDR-TB was still rising owing to both improved diagnosis and continuing transmission. Countries had made major progress in case detection and treatment coverage, which had increased to 95%, although the rate of treatment success was still lower than expected at 48% – the same as the global level (7)(37). The Regional Office and country offices helped Member States to address challenges to the successful treatment of MDR-TB patients: poor access to a treatment regimen fully adapted to the resistance pattern, lengthy treatment with many adverse events, and limited access to new medicines.

64. With partners such as the ECDC, the Regional Office carried out reviews of national TB programmes to help countries to improve their capacities and TB outcomes (95). In 2014–2015, for example, it made extensive reviews in Bulgaria, Kyrgyzstan, Romania, Tajikistan and Uzbekistan, as well as Kosovo (in accordance with United Nations Security Council resolution 1244 (1999)). In March each year, the Regional Office, countries, partners and WHO country offices throughout the Region organize activities to mark World Tuberculosis Day. In 2014, the Regional Office organized a high-level event, including a panel that included the WHO Regional Director for Europe, the Director of the ECDC, the United Nations Secretary-General's Special Envoy for HIV/AIDS in Eastern Europe and Central Asia, the Principal Adviser for Public Health at the European Commission, the Director-General of the Danish Health and Medicines Authority, a former MDR-TB patient and the Vice-President of the Republic of Moldova's TB patients association. In 2015, the theme of World Tuberculosis Day (96) was increasing efficiency to secure the elimination of TB. In both years, the annual WHO/ECDC report on TB surveillance and monitoring (97)(98) was launched on World Tuberculosis Day.

65. At the end of March 2015, under the aegis of the Latvian Presidency of the Council of the EU, the Latvian Ministry of Health, the Regional Office, The Global Fund, the Stop TB Partnership, the TB Europe Coalition and the European Commission hosted the first Eastern Partnership Ministerial Conference on Tuberculosis and Multidrug Resistant Tuberculosis. The participants – representatives of the EU, the European Economic Area, the European Commission, EU candidate and Eastern Partnership countries, international institutions and NGOs – adopted the Joint Riga Declaration on Tuberculosis and its Multi Drug Resistance, in which they reiterated their commitment to allocating adequate resources and pursuing their efficient use for integrated people-centred care, and to scaling up research and development for the new tools needed to eliminate TB (97).

66. To pursue the goal of eliminating TB from the Region, the Regional Office started to prepare a new action plan for 2016–2020. It would be in line with the global Stop TB Strategy (99) and Health 2020 (6) and would be applicable to the whole Region (37). Achieving this goal required political and scientific commitment, and action to address the social determinants of health and to ensure equal access to high-quality care for all patients (7). An advisory committee for the new plan – with representatives of high- and low-incidence countries, patients’ organizations and key partners, such as The Global Fund and WHO headquarters – met in October 2014 and March 2015. The Regional Office held a web-based consultation and a consultation with national counterparts and partners at workshops in The Hague, the Netherlands, in May 2015, organized with the ECDC and the KNCV Tuberculosis Foundation (100).

### ***HIV/AIDS and hepatitis***

67. At RC64, the Regional Office reported to the Regional Committee that its efforts with partners to implement the European Action Plan for HIV/AIDS 2012–2015 (10) had led to progress in the Region, including greater availability of HIV testing and counselling services; progress towards eliminating mother-to-child transmission; more people receiving antiretroviral treatment; and significantly increased (by 52%) treatment coverage in eastern European countries (101). A range of partners had worked with the Regional Office and countries in pursuing the Action Plan’s strategic directions:

- optimize HIV prevention, diagnosis, treatment and care outcomes;
- leverage broader health outcomes through HIV responses;
- build strong and sustainable health systems; and
- reduce vulnerability and remove structural barriers to accessing services (10).

68. These partners included other United Nations agencies (such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNFPA, UNICEF and the United Nations Office on Drugs and Crime); Professor Michel Kazatchkine, United Nations Special Envoy for HIV/AIDS in Eastern Europe and Central Asia; the World Bank; The Global Fund; EU agencies (such as the European Commission and its Consumers Health and Food Executive Agency, the ECDC and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)); the German Federal Centre for Health Education; the CDC; the London School of Hygiene and Tropical Medicine, the United Kingdom; and a wide range of civil society organizations and NGOs, including AIDS Action Europe, the Eurasian Harm Reduction Network and the European AIDS Treatment Group.

69. Despite the continuing progress, all these efforts did not succeed in curbing the epidemic. The number of newly diagnosed HIV cases increased; treatment coverage in eastern European countries remained low; and the epidemic stayed concentrated in key populations, who continued to face structural barriers to services. All countries in the Region needed to scale up and to fully implement targeted interventions and evidence-based policies, especially for key populations, including harm reduction for injecting drug users.

70. The Regional Office supported countries in working to meet these needs in a variety of ways. In 2014, in the context of an agreement with The Global Fund, the

Regional Office analysed HIV epidemics, reviewed HIV programmes and assisted in the revision of strategic plans in Albania, Azerbaijan, Belarus, Kyrgyzstan, the Republic of Moldova, Tajikistan, the Russian Federation and Ukraine, as well as Kosovo (in accordance with Security Council resolution 1244 (1999)). It continued to collect and analyse strategic HIV/AIDS information, in particular to monitor implementation of the European Action Plan (10) and other regional and global strategies and commitments. This work included writing, with the ECDC, the annual report on HIV/AIDS surveillance in Europe (102), and contributing to the joint UNAIDS/WHO/UNICEF annual reporting on progress in the global AIDS response and the reporting on progress towards universal access to HIV prevention, treatment and care in the health sector. The WHO Regional Director for Europe addressed the Fourth Conference on HIV/AIDS in Eastern Europe and Central Asia, held in Moscow, the Russian Federation, in May 2014 (103); and the Regional Office agreed with the Minister of Health of the Russian Federation to establish a joint working group to review the evidence on harm-reduction and other HIV treatment and prevention strategies to help guide the response to HIV in the European countries. In addition, the Regional Office set up a technical working group on strengthening laboratory capacities to support national programmes on HIV prevention, treatment and care in eastern Europe and central Asia, and held a consultation jointly with the CDC and the Better Labs for Better Health initiative (see paragraph 116) in June 2014.

71. The European Region made significant progress towards preventing mother-to-child transmission of HIV (101). Together with major partners, the Regional Office held a consultation on the elimination of mother-to-child transmission of HIV and congenital syphilis in Kazakhstan in April 2015.

72. In addition, the Regional Office joined the global response to viral hepatitis and began to strengthen surveillance of the disease in Europe. Global efforts in 2014 included: in March, a historic call for a scaled-up response by WHO's first global partners meeting on hepatitis; in April, new WHO recommendations for treating hepatitis C; and, in May, World Health Assembly resolution WHA67.6 on improving the prevention, diagnosis and treatment of viral hepatitis (104). WHO started to develop the first global health sector strategy on viral hepatitis, and the Regional Office planned a consultation on the global strategies on HIV and viral hepatitis, to contribute the regional perspective (7).

73. Controlling hepatitis B through vaccination was one of the six goals of the European Vaccine Action Plan 2015–2020 (22) (see paragraph 82). In 2015, the Regional Office helped countries, including Georgia and Turkey, to develop national strategies on viral hepatitis, and strengthened its collaboration with stakeholders in the Region, WHO headquarters, the ECDC, the EMCDDA and civil society organizations such as the World Hepatitis Alliance and the European Liver Patients Association.

### ***Antimicrobial resistance***

74. At RC64, the Regional Office reported on its most recent accomplishments, with its partners and Member States, in combating AMR using a “One Health” approach; the report described the progress made in implementing the European strategic action plan on antibiotic resistance, with its seven strategic objectives (12)(101):



- strengthen national multisectoral coordination for the containment of antibiotic resistance;
- strengthen surveillance of antibiotic resistance;
- promote strategies for the rational use of antibiotics and strengthen surveillance of antibiotic consumption;
- strengthen infection control and surveillance of antibiotic resistance in health care settings;
- prevent and control the development and spread of antibiotic resistance in the veterinary and agricultural sectors;
- promote innovation and research on new drugs and technology; and
- improve awareness, patient safety and partnerships.

75. For example, the Regional Office, together with the National Institute for Public Health and the Environment (RIVM) of the Netherlands and the European Society of Clinical Microbiology and Infectious Diseases (ESCMID), assessed Member States' capacity for prevention and control. The partners undertook analyses for Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Kyrgyzstan, the Republic of Moldova and Uzbekistan in 2013–2014; and planned analyses for Albania, Kazakhstan, Tajikistan, Turkmenistan and Ukraine in 2014–2015 (101). The aim was to support countries in providing reliable diagnostics, performing national surveillance, running infection control programmes, implementing policies for the prudent use of antibiotics and establishing multisectoral coordination mechanisms. Since the adoption of the strategic action plan (12), Armenia, Belarus, Georgia, Kyrgyzstan, Montenegro, the Republic of Moldova, the former Yugoslav Republic of Macedonia, Turkey and Uzbekistan either had formed or planned to form intersectoral coordination mechanisms and to develop national action plans on AMR. The Regional Office assisted by providing technical support and access to expert advice (101).

76. To help ensure Region-wide surveillance of AMR, the Regional Office, RIVM and ESCMID established the Central Asian and Eastern European Surveillance of Antimicrobial Resistance (CAESAR) network (101) in 2012. CAESAR complemented the surveillance conducted in the EU and European Economic Area countries through the European Antimicrobial Resistance Surveillance Network, hosted by the ECDC. Participants in CAESAR in 2014–2015 included: Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kyrgyzstan, Montenegro, the Republic of Moldova, the Russian Federation, Serbia, Switzerland, the former Yugoslav Republic of Macedonia, Turkey and Uzbekistan, as well as Kosovo (in accordance with Security Council resolution 1244 (1999)). In addition, the Regional Office and partners helped countries to develop their capacities for laboratory surveillance through, for example, workshops in Belarus and Georgia (105) in 2014.

77. Similarly, the Regional Office and the Laboratory of Medical Microbiology of the University of Antwerp, Belgium, carried out a project to set up a sustainable network of national surveillance systems to collect valid, representative and comparable data on antimicrobial medicines consumption in non-EU countries in the WHO European Region (the AMC network), to complement the EU's European Surveillance of Antimicrobial Consumption Network, coordinated by the ECDC. The AMC network

collected data from Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kyrgyzstan, Montenegro, the Republic of Moldova, Serbia, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey, Ukraine and Uzbekistan, as well as Kosovo (in accordance with Security Council resolution 1244 (1999)); these were analysed in collaboration with the University of Antwerp, and compared with the data of the ECDC. The results were published in a prestigious journal in March 2014 (106).

78. The Regional Office continued to work with the ECDC to expand the observance of the annual European Antibiotic Awareness Day (107), on 18 November, throughout the European Region. In line with new evidence that pharmacists could play a key role in promoting the prudent use of antibiotics, in 2014, the Awareness Day focused on highlighting their role and best practices (108). WHO country offices supported Member States in organizing conferences, workshops and press conferences, and experts from the Regional Office, the ECDC and the European Commission Directorates-General for Research and Innovation and for Health and Food Safety participated in a live Twitter chat (105).

79. To promote antibiotic stewardship, the Regional Office and RIVM used a successful publication on tailoring immunization programmes (109) to prepare a guide to tailoring AMR programmes. The aim was to enable countries to design strategies to bring about behaviour change, such as prudent antibiotic use, in particular target groups.

80. Finally, the Regional Office and Member States joined to contribute to the development of a global action plan on AMR (110), which the Sixty-eighth World Health Assembly adopted in May 2015 in resolution WHA68.7. WHO developed the plan with FAO and the World Organisation for Animal Health. WHO opened an online consultation with Member States in July 2014 but countries continued their contributions throughout the year. The Netherlands held a conference in June 2014, which called for the prudent use of antibiotics and the development of new antimicrobials. Norway held a meeting in November 2014 on antimicrobial use in the health sector and Sweden held one in December of the same year on the development of global surveillance capacity, systems and standards. Denmark had shown similar leadership in promoting the rational use of antibiotics during its 2012 Presidency of the Council of the EU (7).

### ***Vaccine-preventable diseases***

81. Although the European Region had made considerable progress in ensuring high immunization coverage, it still faced challenges, including vaccine refusal, underserved groups, problems in introducing new vaccines and continuing outbreaks of vaccine-preventable diseases. In 2014–2015, the Regional Office worked to promote and strengthen immunization in a variety of ways.

82. As requested by the Regional Committee at RC63, the Regional Office drew up the European Vaccine Action Plan 2015–2020 (22), after extensive consultation with the European Technical Advisory Group of Experts on Immunization (ETAGE), the SCRC, partners (such as UNICEF, the GAVI Alliance, the ECDC and the European Commission) and Member States. At RC64, the Regional Committee adopted the Action Plan, which was designed to complement the Global Vaccine Action Plan 2011–2020 (111) and regional policies and strategies, such as Health 2020 (6), the European

Action Plan for Strengthening Public Health Capacities and Services (13) and the European strategy for child and adolescent health (20). The European Vaccine Action Plan envisioned a European Region free of vaccine-preventable diseases, where all countries provided equitable access to high-quality, safe, affordable vaccines and immunization services throughout the life-course. It contained:

- six goals: to sustain the Region's polio-free status, eliminate measles and rubella, control hepatitis B infection, meet regional vaccination coverage targets at all administrative levels throughout the Region, make evidence-based decisions on the introduction of new vaccines, and achieve the financial sustainability of national immunization programmes;
- objectives, priority action areas and proposed actions for each goal; and
- a monitoring and evaluation framework that made use of the existing WHO/UNICEF joint reporting form, with no new indicators or variables (22).

83. The Regional Office also helped countries to maximize equitable access to vaccines of assured quality, including new immunization products and technologies. Work in late 2014 and early 2015 focused on diseases with elimination and eradication targets: controlling measles and rubella outbreaks, achieving measles and rubella elimination by 2015 and sustaining the Region's polio-free status. The Regional Office implemented a new mobilization strategy for measles and rubella elimination in 2015 and the Regional Verification Commission for Measles and Rubella Elimination gauged the progress towards elimination (112).

84. European Immunization Week (EIW) 2014 and 2015, celebrated in late April of the year, involved all 53 Member States in the Region and were the most interactive and high-profile efforts in the series to promote immunization (113). In 2014, country activities, the most important part of EIW, included:

- meetings of health-care workers and public health officials on immunization in Albania, Armenia, the Czech Republic, Estonia and Poland;
- workshops for journalists in Armenia and Poland;
- EIW-branded awareness campaigns in Belarus, Belgium, Lithuania, Poland and Slovenia;
- introduction of new vaccines in Estonia, Slovakia and Uzbekistan;
- free vaccination campaigns in France, Kyrgyzstan, Tajikistan and Uzbekistan; and
- the launch of a smart-phone application for immunization reminders in Estonia, Hungary, Latvia, the Republic of Moldova and Romania.

85. In 2015, the Regional Office, health authorities and partners strove to inform the public about the importance of immunization. Outreach activities and materials included radio and television talk shows; radio announcements; flash mobs; text-message campaigns; articles in newspapers, popular magazines and websites; press releases; dedicated websites; emails; web banners; videos; booklets, calendars, pamphlets, flyers and posters on vaccination in many languages; a CD with local immunization data and information; school-based immunization awards; patient and doctor testimonials; an immunization information hotline; translation and dissemination of infographics into

local languages; concerts; a sports tournament; and a meeting with political and religious leaders to gain their full support for immunization (113).

86. The Regional Office's Patron, Crown Princess Mary of Denmark (114), supported immunization activities in a variety of ways, namely, by expressing support for the European Vaccine Action Plan, continuing to take part in EIW, and visiting Tajikistan with the WHO Regional Director for Europe in 2014 to advocate stronger immunization efforts and increased regional and national investment in maternal and child health (7).

### **Seasonal influenza**

87. The Regional Office worked to reduce the burden of seasonal influenza on European countries by providing evidence on the disease burden, promoting vaccination, providing surveillance data and seeking to improve the care of patients with severe forms of influenza.

88. For example, it held a meeting in Georgia in August 2014 on defining the disease burden and making decisions with regard to seasonal influenza vaccination. Participants from Albania, Armenia, Belarus, Georgia, Kazakhstan, the Republic of Moldova and Ukraine learned from trainers of the Royal Tropical Institute (KIT), the Netherlands, the CDC, the Research Institute on Influenza, the Russian Federation, and Public Health England, the United Kingdom, to estimate the disease burden associated with seasonal influenza in a population. The meeting also addressed evidence-based decision-making and appraising the economic cost, affordability and financial sustainability of influenza vaccination; and shared best practices and experience (115). In addition, the Regional Office, in partnership with the Vaccine European New Integrated Collaboration Effort and the ECDC, conducted a comprehensive survey of seasonal influenza vaccination policies and coverage in all 53 Member States in the Region to provide a baseline from which to measure future improvements in uptake (116). The survey showed that the coverage of seasonal influenza vaccination was in general still low across the Region. As mentioned, the Regional Office also sought to help countries tailor their immunization programmes to promote uptake of influenza vaccination, especially among high-risk groups (112). Finally, it worked to enhance the representativeness of viruses shared with WHO for the composition of the annual influenza vaccine: 28 European countries shared viruses for the composition of the vaccine for the northern hemisphere 2015–2016 influenza season.

89. In October 2014, the Regional Office and the ECDC launched a new joint bulletin that contained Region-wide surveillance data on seasonal influenza reported by 50 European countries (117), providing them with evidence on which to base public health action.

90. Under the Pandemic Influenza Preparedness (PIP) Framework (118), together with partners, including WHO headquarters and country offices, the Regional Office conducted laboratory training to strengthen the ability of countries to detect emerging pathogens and to enable them to share viruses with pandemic potential with WHO; it trained more than 120 clinicians working in intensive care units in Armenia, Tajikistan, Turkmenistan and Uzbekistan in managing severe acute respiratory infections (119). The PIP Framework is used to strengthen countries' preparedness for disease outbreaks (see paragraph 114).

## Eliminating diseases

91. In 2014–2015, the Regional Office supported the efforts of countries to eliminate measles and rubella from the European Region, to maintain the Region's status as free of poliomyelitis (polio), to complete the elimination of malaria and to implement the new European framework for action on vector-borne diseases (18).

92. Although numbers of measles cases fell in 2014, outbreaks in seven countries, causing over 22 000 cases by early 2015, threatened the achievement of the Region's goal of elimination by the end of 2015 (120). The Regional Office called not only for stronger political commitment and partnerships to implement the Region's package for accelerated action (121) but also for scaled-up vaccination. Action taken with partners in 2014–2015 included supporting vaccination campaigns in Azerbaijan and Kyrgyzstan with UNICEF and the Rostropovich-Vishnevskaya Foundation, and helping Germany and Italy to strengthen their responses through the Regional Verification Commission for Measles and Rubella Elimination, ETAGE, the Measles and Rubella Initiative, the Sabin Vaccine Institute and Lions Clubs International. In July 2014, the Russian Federation made a large grant to support the Regional Office's work for measles and rubella elimination in the countries of the CIS (120).

93. Building on the package for accelerated action, in January 2015, the Regional Office proposed a mobilization plan focused on specific actions to build the capacities of Member States to address the remaining challenges with regard to measles and rubella elimination. Its primary goals were: to improve Member States' understanding of the process of verifying elimination, to address country-specific challenges through support missions and to increase the impact by categorizing countries and using consistent messaging (122).

94. The Regional Office took part in a final push to eliminate polio in two ways: helping countries to sustain the European Region's polio-free status and taking part in the Global Polio Eradication Initiative. With respect to the former, it assisted Israel in interrupting the transmission of wild poliovirus (the last positive environmental sample was found in March 2014); helped Turkey to respond to the risk of importation from the Syrian Arab Republic; and, together with UNICEF and Turkish experts, evaluated the performance of Turkey's polio eradication programme in 2014 (7) (123). The Regional Office also continued to help countries both to prepare for polio outbreaks and to deal with such legacy: in Tajikistan in 2014, for example, it worked with UNICEF and the national authorities to conduct a vaccination campaign and to open rehabilitation camps for victims of the 2010 outbreak (123).

95. After the WHO Director-General declared the spread of poliovirus to be a public health emergency of international concern under the International Health Regulations (IHR) (124) in May 2014, the Regional Office worked with Member States and partners to support implementation of the temporary recommendations advised by the IHR Emergency Committee and the Polio Eradication and Endgame Strategic Plan 2013–2018 (125), which would guide intensified global efforts to complete the eradication of polio and certify the remaining WHO regions polio free by the end of 2018 (7). At RC64, Member States discussed the current European and global situations, and noted that oral polio vaccine had been withdrawn and inactivated polio vaccine (IPV) introduced in the Region; in addition, in 2014, the Regional Office helped Kyrgyzstan

and the Republic of Moldova plan the introduction of new vaccines, including IPV (7)(123).

96. Encouragingly, the elimination of malaria in the Region by 2015 was within reach (7): in 2014, only two cases were reported in just one country. To mark World Malaria Day 2014, celebrated on 25 April, the Regional Office launched a WHO manual to help countries assess the technical, operational and financial feasibility of moving towards malaria elimination (126). On World Malaria Day 2015, the Regional Office again highlighted the need for continued investment and political commitment in order to eliminate the disease (127).

97. With regard to other vector-borne diseases, a number of countries started implementing the framework on invasive mosquito species and re-emerging vector-borne diseases (18)(127). On World Health Day 2014, the Regional Office called on governments to protect health from this resurging threat and provided a range of resources for their use; countries organizing activities to draw attention to vector-borne diseases included the Russian Federation, Slovenia, Tajikistan and the former Yugoslav Republic of Macedonia (126)(128).

## **Health security: strengthening emergency preparedness, surveillance and response**

98. In 2014–2015, the WHO Regional Office for Europe worked with a wide array of partners to help countries both to respond to crises in Europe and beyond and to increase their capacities to prepare for and respond to emergencies.

### ***Responding to humanitarian and natural crises***

99. The Regional Office took part in the responses to both natural and humanitarian crises. For example, after severe flooding in Bosnia and Herzegovina, Croatia and Serbia in May 2014, the Regional Office sent expert missions to assess the damage, delivered emergency health kits to the affected countries and conducted post-disaster needs assessments to quantify the losses to health services and the resources required to rehabilitate damaged health facilities. Along with the health and other authorities and NGOs in the affected countries, partners in the assessment and clean-up included, for example, a United Nations Disaster Assessment and Coordination Team, a EU team and experts from the International Organization for Migration, the World Food Programme, FAO, the Swiss Agency for Development and Cooperation and the Government of Norway. The Regional Office held a meeting in Serbia in November 2014, at which representatives of key government institutions in the three affected countries concluded that they had developed greater capacity to cope with flooding (129).

### **Crises affecting Turkey and Ukraine**

100. The conflict in the Syrian Arab Republic has driven an estimated 1.8 million refugees into Turkey. The Government of Turkey managed the country's overall response to the influx, with support coordinated by the Office of the United Nations High Commissioner for Refugees (UNHCR) and UNDP. WHO and UNHCR were the lead agencies for the health-sector response. Having established a field presence in

Gaziantep, Turkey, in October 2013, WHO scaled up its capacity and activities in 2014–2015. WHO support included in particular:

- delivering interagency emergency health kits, emergency trauma kits and surgical supply kits, as part of a United Nations interagency convoy in August 2014, to meet the short-term health needs of thousands of refugees;
- joining with Turkey's Ministry of Health, Yildirim Beyazit University in Ankara, Turkey, the Provincial Health Directorate of Gaziantep and Gaziantep University, Turkey, in November 2014 to train 25 Syrian doctors to provide health care to refugees in camps and urban settings, within the framework of the Turkish health system;
- assessing refugees' health needs early in 2015 at a new camp in Suruç, Turkey, opened by the Government of Turkey; and
- joining partners in early 2015 in an appeal for US\$ 29 million to fund plans, for example, to continue essential health-care services for Syrian refugees, increase communicable disease surveillance, detection and response; strengthen health protection and promotion work; and support access to mental health and specialized psychosocial services.

101. In addition, WHO headquarters and the Regional Offices for Europe and for the Eastern Mediterranean investigated the deaths of 15 children in the northern Syrian Arab Republic, ascribing incorrect use of a drug as a diluent for the measles/rubella vaccine as the most likely cause (129).

102. In response to the humanitarian crisis in Ukraine, which affected more than 5 million people, the Regional Office supported the Ministry of Health and local administrations in filling the gaps in the health response to internally displaced persons and affected communities. In partnership with UNHCR, UNICEF, the EU and the Governments of Canada, Israel and Norway, WHO accelerated its support and human resources to deliver medical kits (supplies and medicines) in September 2014 and February 2015 to treat hundreds of thousands of people. Other donors enabled WHO to provide urgently needed medication to people still living in areas not controlled by the government. In December 2014, WHO, the Ministry of Health of Ukraine and the Ukrainian Red Cross Society signed an agreement to establish a new network of mobile emergency primary health care units to deliver health services for internally displaced persons, communities receiving them and communities in conflict areas (129). Staff from WHO headquarters, the Regional Office and the WHO Country Office in Ukraine regularly briefed international journalists and staff of the embassies of donor countries in Geneva, Switzerland, on the situation and on WHO activities in Ukraine, raising awareness of the dire needs in the country.

103. In 2015, the Regional Office set up field offices in Dnepropetrovsk, Donetsk, Lugansk, Kramatorsk, Mariupol and Severodonetsk in eastern Ukraine to increase its coordination of activities by humanitarian organizations on health issues in the country. With health cluster partners, it shared information on the provision of health care to children; the work of the mobile emergency health units; the needs of hospitals and rehabilitation centres, Roma communities and centres for internally displaced persons; as well as updates on health information tools and needs assessments (129).

## Mass gatherings

104. The Regional Office worked with countries preparing to host mass gatherings, supporting them in making large international events safe from public health risks to participants, visitors and residents, and building the capacity of their health systems. For example, it worked with the national authorities of Azerbaijan to prepare for the first Global Forum on Youth Policies, held in Baku, Azerbaijan, in October 2014 in the context of the country's Chairmanship of the Council of Europe's Committee of Ministers, and for the European Games, held in Baku in June 2015 (130). Following a meeting between the Prime Minister of Belarus and the WHO Regional Director for Europe, the Men's World Ice Hockey Championships, held in May 2014 in Minsk, Belarus, were made smoke free (93). Invited by the Ministry of Health and Medical Industry of Turkmenistan, the Regional Office sent experts to prepare the country to host the Asian Indoor Games in 2017.

105. The Regional Office developed a training course on public health at mass gatherings at the request of Member States.

## Responses to global crises

106. The Regional Office also contributed to the responses to crises outside the European Region, particularly the public health emergencies of international concern declared by the WHO Director-General under the IHR (124) in May and August 2014: the international spread of wild poliovirus (see paragraph 95) and the Ebola virus disease outbreak in West Africa (131), respectively. The very serious Ebola outbreak affected a number of countries around the world, including Italy, Spain and the United Kingdom, with intense transmission in Guinea, Liberia and Sierra Leone, although the incidence fell in these countries early in 2015.

107. The Regional Office contributed to the response by deploying its staff alongside hundreds of other WHO personnel taking part in this effort, and by supporting the implementation of the WHO Ebola response roadmap (132). The Regional Committee discussed the crisis at RC64; the WHO Director-General and the Regional Director for Europe described WHO's efforts, and representatives described their countries' contributions and concerns (7). All agreed that the outbreak demonstrated the need to further strengthen countries' health systems and for close cooperation among all partners. The Regional Office supported the global response by:

- deploying 25 staff for 36 missions (as of May 2015; 50 additional staff had also volunteered) to West Africa and elsewhere to lead and coordinate the WHO response, provide public health services, support infection control and prevention, and give logistical support;
- assisting with medical evacuations to European countries from affected countries;
- mapping, and helping to strengthen, European countries' preparedness and capacity; and
- engaging in advocacy and the provision of information to governments, the public and journalists, including by means of a dedicated website (131).

108. It carried out this work in close collaboration with the European Commission, the ECDC and other partners, including countries. Member States not only supported WHO



but also provided funding and directly deployed medicines and personnel. For example, Portugal set up a virology laboratory in Guinea-Bissau for testing samples from suspected cases; the Russian Federation deployed personnel immediately; Turkmenistan sent drugs to Sierra Leone; and a number of German hospitals provided treatment for infected and medically evacuated health-care and humanitarian workers. In addition, the Regional Office established a regional Ebola team, held weekly teleconferences on preparedness with Member States, provided technical assistance to countries upon request and conducted four country missions by the end of 2014 (37).

109. In March 2015, the GPG discussed lessons learned from the crisis and the action needed both in countries and within WHO for responding to future emergencies, leading to a statement shared with heads of state, prime ministers and health ministers. The GPG also contributed to the intensive work undertaken to reform WHO's emergency-response capacities, expressed in the Director-General's proposal, approved by the Sixty-eighth World Health Assembly, to create a single new programme for health emergencies, uniting outbreak and emergency resources across the three levels of WHO (133). The new programme would have clear performance metrics, built on partnerships with other responders, and would set up a new global workforce for health emergencies and strengthen the WHO core and surge capacity of trained emergency response staff (129).

### ***Supporting countries' preparedness for and response to emergencies***

110. In 2014–2015, the Regional Office continued to support Member States in preparing for and responding to public health threats and emergencies, taking a multihazard and multisectoral approach, and in using the IHR on a day-to-day basis in an operational way (124)(129). The national IHR focal points played an important role in the Ebola response in the European Region by notifying WHO of identified cases and the tracing of contacts in their countries. Efforts to expand the Regional Office's capacity in this area included drawing up a host agreement with Turkey on the establishment of a GDO in Istanbul, Turkey, on preparedness for humanitarian and health emergencies (7). In addition, the Regional Office worked with the 28 EU member States, the European Commission and the ECDC to align the use and implementation of the EU decision on serious cross-border threats to health (134) with those of the IHR.

111. The Regional Office continued to assess health systems capacities for crisis management in, for example, Armenia, the Republic of Moldova and Tajikistan, and assessed hospital safety in Uzbekistan. In 2014–2015, it conducted training courses on public health and emergency management for about 80 European health-care managers from 17 countries. It also supported Georgia, the Republic of Moldova and Serbia in developing and fine-tuning their national emergency plans for the health sector as part of their national emergency preparedness plans.

### **Core capacities under Annex 1 of the IHR**

112. Since most States Parties in the WHO European Region had met the minimum requirements under Annex 1 of the IHR, they wanted to go further and to develop and strengthen their capacities. The Regional Office helped countries to meet their specific

challenges with regard to risk communication, risk assessment, the quality of laboratory work, and ports and airports, for example. The Regional Office also continued to contribute to the global discussion on how best to monitor these capacities in the long term and how to measure the quality of information sharing and performance of IHR National Focal Points. The results of this discussion were followed by a web consultation and would be presented to Member States at RC65 (7),(135).

### **Preparedness for disease outbreaks**

113. In addition, the Regional Office conducted national assessments and provided technical support to countries to strengthen their preparedness for Ebola and other epidemic-prone diseases. For example, in November 2014, the Regional Office conducted training in Turkey to improve the skills of people managing emergencies in the areas of health, crisis preparedness and border control, and supported a simulation exercise in the former Yugoslav Republic of Macedonia as part of efforts to prevent and manage suspected Ebola cases. WHO also assisted the latter country in conducting a simulation exercise in May 2014 to increase the emergency services' capacity to respond to major road accidents.

114. The Regional Office's work in this area also included activities to strengthen surveillance and response to pandemic influenza and other emerging pathogens as part of the PIP Framework (see paragraph 90), and to establish and maintain laboratory networks to respond to disease outbreaks. Adopted by the Sixty-fourth World Health Assembly in resolution WHA64.5 in 2011, the PIP Framework brings together Member States, industry, other stakeholders and WHO to implement a global approach to preparedness for and response to pandemic influenza, and aims to improve the sharing of influenza viruses with human pandemic potential and achieve more equitable access for Member States to pandemic vaccines and medicines (118). As part of the Regional Office's implementation of the PIP Framework Partnership Contribution, WHO, in collaboration with Germany's Robert Koch Institute, assessed the mechanisms and protocols for outbreak investigation and response in Armenia, Tajikistan, Turkmenistan and Uzbekistan. The Regional Office held a workshop (136) for these countries in December 2014 to determine the next steps for improving national capacities in this area. Through national working groups, WHO and the Robert Koch Institute supported the development of operational guidelines for outbreak investigation and response, which would apply to outbreaks of diseases caused not only by respiratory pathogens but also by the Ebola virus and other emerging pathogens.

### **Improved capacity for laboratories**

115. Furthermore, the Regional Office worked with a wide range of partners and donors, including the EU, UNDP, The Global Fund, the CDC, the United States Defense Threat Reduction Agency, the United States President's Emergency Plan for AIDS Relief, KIT, Public Health England, the Robert Koch Institute, the WHO Supranational Reference Laboratory of Tuberculosis, Germany, and Fondation Mérieux, France, to establish and maintain networks of laboratories to respond to outbreaks and to build members' capacities by implementing two initiatives, namely:

- Better Labs for Better Health, focusing on the Republic of Moldova, Tajikistan and Uzbekistan; and

- Strengthening laboratory capacities to support national programmes on HIV prevention treatment and care in eastern Europe and central Asia, focusing on Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.

116. The Regional Office held a meeting on strengthening laboratories in these and other countries in June 2014 (137). Under the Better Labs for Better Health initiative and using tools developed by KIT and WHO to improve the quality of laboratory work, in the second half of 2014, WHO held training workshops (138) on implementing laboratory quality-management systems (139) in the Netherlands and Albania for participants from the central Asian republics, the Republic of Moldova and the Russian Federation and for 24 virologists from national influenza centres in the European Region, respectively. KIT and the South East European Centre of Infectious Diseases Surveillance and Control, Albania, supported the workshops.

## **Strengthening people-centred health systems and public health capacity**

117. In 2014–2015, the WHO Regional Office for Europe implemented its commitment to help countries strengthen their health systems and public health capacity. This substantial work took several different avenues but all sought the same goal: improving health outcomes, not just changing systems.

### ***Coordinated, integrated health-service delivery towards people-centred care***

118. The Regional Office's work for coordinated, integrated health-service delivery towards people-centred care included the final report on implementation of the 2008 Tallinn Charter: Health Systems for Health and Wealth (140), and proposing a strategic focus for work to strengthen health systems in the context of Health 2020, emphasizing public health and intersectoral approaches; both would be presented to the Regional Committee at RC65. The latter would be based on not only continuing discussion and collaboration with Member States but also the outcomes of a meeting held by the Regional Office in Estonia in 2013 to follow up on the impact of the Tallinn Charter (5)(37). The SCRC supported this work by helping to develop both the final report on implementation of the Charter and the way forward in strengthening health systems (7)(37).

119. In discussing the results of the follow-up meeting at RC64, the Regional Committee noted that key themes emerging from it included the need for people-centred, coordinated and integrated models of care; human resources for health; and strengthening the public health aspect of health-service delivery, including in prisons (7). People-centred health systems that were sustainable, resilient and affordable should be established, particularly given the ageing of populations and the high cost of medicines. To support this change, the Regional Office worked to provide policy options on how to achieve it, revised its self-assessment tool on the essential public health functions and inaugurated the Federal Research Institute for Health Organization and Informatics of the Ministry of Health of the Russian Federation as the first WHO Collaborating Centre on Health Systems and Public Health in October 2014 (7)(141).

The former Yugoslav Republic of Macedonia became the first country in the European Region to use the assessment tool to conduct a critical self-assessment of its public health services in August 2014, followed by Armenia in March 2015 (141).

120. As mentioned, the Regional Office worked to develop the way forward in strengthening health systems up to 2020 (37). The aim was to transform health systems from reactive to proactive systems based on a continuum of care in a move towards universal health coverage (see paragraph 126). The change would involve increasing health information, ensuring equitable access to cost-effective medicines and technology and increasing the health workforce, all of which required financial resilience. The Regional Office would support countries in systematizing the translation of evidence into knowledge, creating platforms to facilitate learning, providing tailored technical assistance and advisory services, organizing political dialogue with broad stakeholder participation and providing targeted capacity-building opportunities. On behalf of the European Observatory on Health Systems and Policies, in 2014, the Regional Office published a policy summary on the economic impact of integrated care (142).

121. In working for coordinated, integrated health service delivery towards people-centred care, the Regional Office started a participatory process of consultation with Member States, an expert advisory team and representatives of stakeholders, including health-care providers, patients and civil society, on the concept of a framework for action towards that goal (143). Involving partners and stakeholders such as the EU, the OECD, NGOs, universities, country focal points and national health professionals' organizations, the Regional Office started the process in 2014 with meetings in Istanbul, Turkey (February), Brussels, Belgium (April), and Copenhagen, Denmark (June), that focused on ensuring the practicability of the framework, finding ways to make health services more people centred and partnering with related efforts of the EU and WHO headquarters, respectively (141). The Regional Office also collected examples of country initiatives and worked with specific countries to transform their services towards people-centred care by, for example, holding training courses in Kazakhstan in 2015.

122. In addition, the Regional Office sought to tighten the link between strengthening health systems and improving health outcomes. It worked with countries such as Belarus; Croatia; Estonia, Latvia and Lithuania (in the 2014 Baltic Policy Dialogue); the Republic of Moldova; Serbia and Turkey to tackle NCDs and other problems, such as health inequities, by this means. The Regional Office focused its 11th Flagship Course on Health Systems Strengthening, held in April and May 2015 in Barcelona, Spain, on stronger systems to address the growing burden of NCDs (144).

123. Further, the Regional Office agreed with the European Forum of National Nursing and Midwifery Associations on a two-year plan to collaborate on strategic directions for strengthening nursing and midwifery services in the European Region and a European compendium of good nursing and midwifery practices; these were discussed at a technical briefing at RC64 (145)(146).

124. At the centre of work to provide coordinated and integrated care was a renewed vision of primary health care (PHC), with links to hospitals and with social and long-term people-centred care. This was given impetus by the conference celebrating the

35th anniversary of the adoption of the Declaration of Alma-Ata (147), which was discussed by Member States at RC64 (5)(7)(37). In 2014–2015, the Regional Office worked with countries such as Kazakhstan and the Republic of Moldova to strengthen PHC, used the WHO primary care evaluation tool to assess PHC reforms in Uzbekistan and encouraged Greece and Portugal to share know-how on the organization of services. With the support of the Government of Kazakhstan, in February 2015, the Regional Office inaugurated its GDO for PHC in Almaty, Kazakhstan, which expanded its capacity to support countries in revitalizing PHC (141).

125. Finally, the outcomes of the 2013 meeting in Oslo, Norway, on the impact of economic crisis on health and health systems (5) became a powerful tool for health ministers in their dialogue with finance ministers and prime ministers: the 10 key policy lessons and recommendations described ways to mitigate the impact of the crisis on health outcomes. Starting in March 2014, the Regional Office worked with Greece and Portugal to monitor the impact of the crisis on health and on their health systems (141).

### ***Universal health coverage***

126. UHC was the key strategic focus that guided the Regional Office's work to strengthen health systems in the context of Health 2020. Training was particularly useful in helping countries; for example, UHC was the theme of the fourth and fifth versions of the Regional Office's annual Barcelona Course on Health Financing, held in March 2014 and 2015 (148). Because health systems with sustainable financing and financial protection for service users can achieve better health outcomes, the Course was built around five modules: aligning policy instruments with policy objectives, raising revenues, pooling health revenues, efficient purchasing and designing a benefit package that ensures equity, affordability and transparency. The annual Course provided key support to Member States by combining a comprehensive approach to health systems and financing, and help in moving towards UHC. The 2014 and 2015 participants – policy-makers in the health sector or in charge of social policy, senior managers of service-provider organizations and experts involved in health-system reform – enthusiastically commended the usefulness of the Course. In April 2014, the Regional Office, the WHO Country Office, Tajikistan, the Ministry of Health and Social Protection of Population of the Republic of Tajikistan, the EU and GIZ held a four-day flagship course on strengthening the health system in Tajikistan, seeking the best way towards UHC.

127. In addition, the Regional Office worked with Cyprus for UHC through its CCS (see paragraph 33). The Ministry of Health and the WHO Country Office in Albania organized a national conference to promote UHC on Albania's first Universal Health Coverage Day, 12 December 2014 (149).

### ***Health care reforms: changing for the better***

128. The Regional Office continued to answer requests from countries for assistance in reforming their health systems. This work focused on developing people-centred service-delivery models, aligned with sustainable financial policies, improved efficiency in health systems, greater investment in public health and movement towards UHC, as mentioned above.

129. For example, the Regional Office continued its work with Greece and the EU Task Force for Greece, under the Health Reform Support Programme 2013–2015 (*141*) in 2014, this included a meeting to promote hospital reform and training to improve hospital management (in March and June, respectively), support to the Ministry of Health in developing a health-reform communication strategy (June) and collaboration to strengthen public health services (July). In addition, the Regional Office supported a workshop in June 2014 to agree on priorities for the use of European structural and investment funds in 2014–2020, in line with the established direction towards UHC with high-quality and integrated health services. The participants comprised representatives of the Greek health authorities (the ministries of health and development, the local authorities of 13 administrative regions and seven regional health authorities), the National School of Public Health and other Greek academic institutions, GIZ, the European Commission Directorate-General for Employment, Social Affairs and Inclusion and the EU Task Force for Greece. As mentioned, the Regional Office facilitated the exchange of experience and know-how between Greece and Portugal.

130. To support health sector reform in Cyprus under its CCS, the Regional Office and the Ministry of Health started a national study in December 2014 to compare the efficiency and sustainability of various health insurance schemes. In November 2014, the European Commission proposed to contribute €2 million to fund WHO work on health reform in Cyprus over the following two years (*141*).

131. Support to health reform in the Republic of Moldova took a variety of forms (*141*). A project for better managing the mobility of health professionals in the country, which was financed by the EU and supported by the Regional Office under BCAs with the country, concluded in March 2015. Products included a study of the factors motivating health-care workers to emigrate to EU countries, carried out by the WHO Country Office in collaboration with KIT and launched in October 2014 (*150*). This followed a workshop to strengthen national capacity in workforce planning, organized by the Ministry of Health and WHO in July. Over the course of 2014, the Regional Office helped the Ministry of Health to assess the quality of health care in the Republic of Moldova, document the situation and develop a systematic national plan for quality improvement that would involve all stakeholders. This process began with a rapid external assessment of the quality of health and a seminar to discuss the findings in April. Finally, WHO took part in the country's Third National Health Forum, held in October 2014, to discuss the importance of population health for the social and economic development of the Republic of Moldova and to highlight the relevance of intersectoral collaboration at the national and local levels.

132. The Regional Office's work to assist other countries included:

- the initiation of a national policy dialogue on public health in the former Yugoslav Republic of Macedonia in March 2014;
- a policy dialogue among senior health and finance officials on how to make Malta's health system more financially sustainable, held in March 2014 and organized with the European Observatory on Health Systems and Policies, with the support of the Netherlands Institute for Health Services Research;

- an agreement with the ECDC and The Global Fund to work with Romania to improve the quality and delivery of TB services and accelerate the implementation of structural health system reforms in October 2014; and
- a technical mission to Kyrgyzstan in March 2015 to advise the Ministry of Health in assessing structural and organizational reforms in the public health system (141).

### **Health information for action**

133. Providing policy-makers with information useful to decision-making on health was an important way in which the Regional Office helped European countries to strengthen their health systems and implement Health 2020. In 2014–2015, the Regional Office continued its European health information initiative (EHII) (151), in which it worked with 11 countries, the EU, the OECD and the Wellcome Trust, the United Kingdom, to support the development of a single, integrated health information system for the entire European Region – a goal pursued through activities in six key areas:

- development of information on health and well-being, with a focus on indicators (including those already developed for Health 2020 (5));
- enhanced access to and dissemination of health information;
- capacity-building;
- strengthening of health information networks;
- support for development of health information strategies; and
- communications and advocacy.

134. The Regional Office held the first EHII meeting in March 2015, with the participants comprising representatives from seven countries (Austria, Finland, Latvia, the Netherlands, the Russian Federation, Sweden and Turkey), WHO collaborating centres, the European Commission, the OECD and the Wellcome Trust. They agreed on processes, procedures and a comprehensive action plan covering all six key areas, and Member States made concrete commitments to contribute to the action plan. WHO planned to organize a web-based meeting of the EHII steering group later in 2015 to review the terms of reference and the action plan, and to discuss the progress of work so far (152). At their second meeting in June 2015, EHII members agreed to map existing indicator sets throughout the Region, which would be assessed for quality and feasibility.

135. To enhance access to and dissemination of health information, the Regional Office supplied a wide range of information and analytical resources for countries, including a new web portal: a one-stop shop for data and other information useful for policy-making (153). The portal was launched at RC64, which also featured a technical briefing that described the progress made by the joint work of the Regional Office with the European Commission and the OECD under EHII (7)(154). In addition, the Regional Office published a list of core health indicators in 2014 and worked to develop objective indicators of well-being for use in monitoring Health 2020 (5)(155)(156). In 2015, it published two synthesis reports from HEN (157)(158), launched a new journal in English and Russian, *Public Health Panorama* (159), and prepared the 2015 edition of its flagship publication: the European health report (160).

136. In January 2015, the Regional Office started to examine new evidence for the 21st century. Supported by the Wellcome Trust, it held its first joint meeting of international experts and representatives of the OECD and the United Nations Educational, Scientific and Cultural Organization on the cultural determinants and context of health to advise on how to consider the impact of culture on health and well-being and how to communicate findings on well-being across the culturally diverse European Region.

137. Furthermore, a range of Regional Office activities focused particularly on providing evidence for policy-making, including for the implementation of Health 2020 (6). For example, the Regional Office convened meetings of the European Advisory Committee on Health Research in July 2014 and April 2015, which gave valuable advice on the Regional Office's strategies and activities. Subgroups of the Committee identified topics for HEN reports on migration and health that would aim to synthesize and package existing evidence for policy-makers (see paragraph 31); and agreed to draft an action plan to enhance evidence-informed policy-making in the Region (161), for submission to the Regional Committee. Following this work, the Regional Office held a technical meeting in January 2015 to develop an accelerated roadmap to enhance such policy-making.

138. Work to build capacity in countries particularly included the second Autumn School on Health Information and Evidence for Policy, organized by the Regional Office in October 2014 in Warsaw and hosted by the Ministry of Health of Poland. Thirty participants from 14 countries gained insight into national health information systems and learned how to develop practical ways to improve them (162). The participants submitted a petition requesting that future schools be expanded, and the Russian Federation offered to host the 2015 Autumn School. The Regional Office followed up this work by holding, together with the WHO Country Office in the Russian Federation, an advanced workshop on health information and data assessment in Moscow in June and July 2015 for representatives of Albania, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation, Serbia, Tajikistan, Turkey and Uzbekistan.

139. To strengthen health information networks, representatives of the governments of Kazakhstan, Kyrgyzstan, Tajikistan and Turkmenistan, national and international partner organizations, WHO staff and external experts relaunched the Central Asian Republics Health Information Network (CARINFONET) in July 2014, for roll-out in 2015. Hosted by the Ministry of Health of Kyrgyzstan, CARINFONET would improve the collection, use and distribution of information, help health policy-makers in member countries to monitor trends in health, disease and well-being, help to improve health systems by identifying effective policies to meet the needs of each country and contribute to the implementation of Health 2020 and EHII (152).

140. In addition, the Regional Office responded to countries' growing interest in receiving support and guidance in using e-health to strengthen their national health information systems. It supported several countries in developing national e-health strategies and in adopting standards for clinical data exchange and system interoperability. During the Latvian Presidency of the Council of the EU, WHO supported the country by contributing to the holding of the pan-European conference eHealth Week 2015 in May of this year. At the global level, the Regional Office took part in developing guidelines for electronic health records – a core activity in most



European countries. The Regional Office also supported the development of national mobile health (m-health) platforms to enable people to access their health information and to deliver health promotion initiatives. It worked through the global WHO–International Telecommunication Union m-health partnership to tackle NCDs, called Be Healthy, Be Mobile, of which Norway and the United Kingdom are members.

141. Launched in 2013, WHO’s Evidence-informed Policy Network (EVIPNet) Europe aimed to build countries’ capacity to develop evidence-informed policies on health systems, the third key area of EHII, and to support the implementation of Health 2020. In 2014, the Regional Office formed an EVIPNet Europe steering group to provide advice and recommendations, as well as operational and technical expertise, worked to develop EVIPNet Europe country-level teams in the Republic of Moldova, Slovenia and Tajikistan, and held two multicountry train-the-trainer workshops for members of EVIPNet Europe country teams and the heads of WHO country offices in 12 Member States on using research evidence for policy-making. The first workshop, held in Slovenia in October 2014, sought to enable the participants to become facilitators of future capacity-building events. The second, held in Lithuania in June 2015, provided peer support for countries to revise their roadmaps for evidence-informed policy-making, focusing on the interfaces between EVIPNet Europe and Health 2020; to develop national engagement strategies to establish EVIPNet country teams; and to train participants to become facilitators for future EVIPNet policy dialogues. Finally, to facilitate access to research and evidence-based health literature in low- and middle-income countries, WHO headquarters and the Regional Office for Europe organized workshops in Bosnia and Herzegovina and Montenegro in April 2014 and in Armenia and Georgia in April 2015 as part of the global HINARI Access to Research in Health Programme, a partnership between WHO, Yale University and 160 publishers. The workshops aimed to build the participants’ capacity and to create new trainer networks in the countries to help shape the research agenda, stimulate the generation and dissemination of valuable knowledge, and articulate ethical and evidence-based policy options (152). A day devoted to raising awareness of EVIPNet was added to each of the 2015 workshops.

142. To help countries assess their health information systems and develop national health information strategies, the Regional Office published a support tool in English and Russian in May 2015 (163).

## **Creating resilient communities and supportive environments**

143. Seeking to create resilient communities and supportive environments, which is a priority area for action in implementing Health 2020 (6), the WHO Regional Office for Europe worked through the European Environment and Health Process, strengthened governance in this area and pursued a continuing technical agenda in 2014–2015.

### ***European Environment and Health Process***

144. The European Environment and Health Process, initiated more than two decades ago, was Health 2020 in action: an inspiring example of intersectoral collaboration that provided a unique multisectoral platform for agenda setting and implementation.

Member States noted the success of the Process in their discussion of the annual report of the European Environment and Health Ministerial Board at RC64 (7)(164).

### **Stronger governance for environment and health**

145. The European Environment and Health Process received political and technical governance from the European Environment and Health Ministerial Board and the European Environment and Health Task Force, respectively. In 2014–2015, both bodies contributed to preparations for the Sixth Ministerial Conference on Environment and Health, planned for 2017, particularly the European Environment and Health Task Force High-level Mid-term Review Meeting (165) held for this purpose. At its fifth meeting, in Lithuania in July 2014, the Ministerial Board identified air pollution, climate change and chemical safety as among the main environmental risks to people's health that required political action in the European Region, and invited Member States to take concrete action:

- to place the elimination of diseases from asbestos exposure and the implementation of the new Minamata Convention on Mercury at the core of negotiations with European countries;
- to support the adoption of a global resolution on air quality in 2015;
- to contribute to the WHO Conference on Health and Climate (held in August 2014 in Geneva, Switzerland) and the 21st session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (to be held in late 2015 in Paris, France); and
- to work with the EU towards these goals (166).

146. At its sixth meeting, in Spain in February 2015, the Ministerial Board highlighted the value of multilateral environmental agreements in achieving the goals of the European Environment and Health Process. It noted the plans made to prepare for the Sixth Ministerial Conference on Environment and Health, and appreciated the links between the suggested technical themes and the SDGs and the proposal to develop specific, measurable, achievable, relevant and time-bound (SMART) objectives as an outcome of the Conference.

147. The European Environment and Health Task Force engaged with European countries in order to align priorities, develop targets and reach an agreement on the desired outcomes, particularly through the High-level Mid-term Review Meeting, held by the Regional Office in Haifa, Israel, in April 2015 (165). At the Review Meeting, over 200 representatives of countries, international and intergovernmental organizations and NGOs, as well as other stakeholders in the European Environment and Health Process, reviewed the progress towards and challenges to achieving the goals set in 2010 at the Fifth Ministerial Conference on Environment and Health and set priorities for the future. The Regional Office supported this discussion by publishing a review of progress made in the Region and publications addressing the technical issues identified as themes for the Sixth Ministerial Conference (164)(167). All European countries represented at the Review Meeting renewed their pledges to work towards the targets adopted in 2010, and reaffirmed their commitment to take concrete steps to strengthen or establish partnerships with different stakeholders and processes, and utilize existing policy instruments and tools; enhance the understanding and use of economic arguments

to support action on environment and health; and harmonize with the forthcoming post-2015 development agenda. Supporting the proposed roadmap for the preparation of the Sixth Ministerial Conference, they agreed to review the environment and health challenges of the 21st century posed by:

- complex risk factors (air, water, waste or chemicals);
- complex systems of direct relevance to environment and health (food, energy or cities); and
- matters of international environment and health security (disasters and climate change) (164).

148. This process would enable them to identify the commitments and SMART objectives to be proposed as the political outcome of the Conference. The Meeting's outcomes were expected to inform not only the agenda of the 2017 Ministerial Conference but also RC65 and the 21st session of the UNECE Committee on Environmental Policy.

149. The Regional Office also supported multilateral environmental agreements. For example, the Regional Office and UNECE worked together:

- to conduct the Transport, Health and Environment Pan-European Programme (THE PEP), which pursued the goals of the 2009 Amsterdam Declaration on transport choices for health, environment and prosperity;
- to provide secretariat services to the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes and to coordinate technical activities under its 2014–2016 programme of work (168)(169); and
- to provide supporting documentation on the health effects of air pollution to the Executive Body of the UNECE Convention on Long-range Transboundary Air Pollution.

150. At THE PEP's fourth meeting, held in France in April 2014 (170), European ministers of transport, health and environment agreed on common action for healthy and sustainable mobility in the Paris Declaration, which built on and added to the Amsterdam goals (171); the Regional Office launched four new publications on THE PEP and aspects of transport and health (172),(173) and THE PEP's workplan up to 2020 was determined (174).

151. The Protocol on Water and Health served as a hub for mutual assistance and cooperation, capacity-building, networking and the exchange of best practices in Europe, where millions of people still lacked access to safe drinking-water and sanitation facilities (167). The Regional Office's work in this area included supporting countries in developing and scaling up water-safety plans, improving small water-supply systems and strengthening capacities for surveillance of water quality and water-related disease in, for example, Azerbaijan, the Republic of Moldova, Serbia, Tajikistan and Turkmenistan (175)(176). The Regional Office also published a report for the Mid-term Review Meeting on access to safe water and sanitation in the European Region (177), based on work by the Regional Office and UNICEF (178).

152. Finally, the Regional Office worked to align the European agenda with global developments, for example, by aligning the European Environment and Health Process with the post-2015 development agenda (see paragraphs 29 and 147). As shown in this section, it also worked to ensure that the Process took account of or contributed to EU strategies and programmes (167).

### **Continuing technical agenda**

153. In 2014–2015, the Regional Office continued its work on a wide range of environmental factors that affect health. The progress report published for the Mid-term Review Meeting described the progress made and the next steps indicated in many of these areas (167).

### **Climate change**

154. For example, the Regional Office worked both to define the effects of climate change on health and to protect health from them (167). This included a regional consultation on the way forward for initiatives dealing with climate change and health, held during the WHO Conference on Health and Climate in August 2014; meetings of the Working Group on Health in Climate Change of the European Environment and Health Task Force in order to agree on the most urgent interventions and to identify training needs; and a report by the Working Group that described and analysed the action relevant to health being taken by European countries to mitigate and adapt to climate change, which was published for the Mid-term Review Meeting (178)(179).

### **Exposures to environmental determinants of health**

155. The Regional Office also addressed exposure to air pollution, noise, chemicals, poor housing and unsafe food. For example, it provided evidence-based guidance to policy-makers on how to protect public health from the harmful effects of air pollution, and helped countries build capacity to assess the health risks from pollution and develop sustainable policies on air quality. In September 2014, the European Lung Foundation gave its annual award to the Regional Office, represented by the WHO Regional Director for Europe, for improving the lung health of millions of people by providing guidelines for outdoor air quality (180). The Regional Office's guidelines on air quality and review of the health aspects of air pollution, carried out to support the comprehensive review of the EU policy on air pollution, were viewed online thousands of times in 2014–2015 (181),(182). Work to protect health from the adverse effects of noise included reviewing evidence on the effects of environmental noise on physical and mental health in order to develop guidelines for the WHO European Region in 2016.

156. As mentioned, chemical safety was chosen as one of the themes for the Sixth Ministerial Conference on Environment and Health; work in this area included efforts to eliminate asbestos-related diseases in the European Region. Together with the German Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety, the Regional Office held a meeting on this topic in June 2014; the participants – representatives of 16 Member States and experts in occupational health and cancer registries – evaluated the progress made since 2010 and emphasized the need for WHO support to develop national programmes for asbestos elimination and to set up national

registers of occupational diseases (178). The Regional Office published an assessment of European countries' policies to eliminate asbestos-related diseases (183) and a report on human exposure to toxic metals and persistent organic pollutants for the Mid-term Review Meeting (184). The Regional Office's work to make indoor environments healthier included an evidence review and reports published for the Mid-term Review Meeting on the health effects and policy options related to residential heating with wood and coal and on the environmental and health conditions in European schools and kindergartens and policies to improve them (185)(186)(187).

157. Finally, the Regional Office promoted intersectoral approaches to increase food safety and helped countries such as Albania, Serbia, Tajikistan, Turkey and Uzbekistan to strengthen the prevention, surveillance and control of foodborne diseases. It used World Health Day 2015, whose theme was food safety, to recognize the roles of all involved in food production and to strengthen collaboration and coordination among them in order to prevent, detect and respond to foodborne diseases. In addition to many activities in countries across the Region, staff of the Regional Office, the ECDC, FAO and the European Food Safety Authority conducted a live Twitter chat to mark the day (188). To combat AMR (see paragraphs 74–80), the Regional Office worked with Albania and Kosovo (in accordance with Security Council resolution 1244 (1999)), and WHO cosponsored a conference with the Netherlands in June 2014, at which health ministers and senior officials from 20 countries around the world called for intensified political action involving the health, environment and agriculture sectors (189).

### **Environmental intelligence and assessment**

158. In addition to tackling particular issues, the Regional Office sought to help European countries increase the effectiveness and equity of their work to improve the environment and health by improving their understanding of the effects of pollution, the unequal distribution of environmental risks and the economic costs of environmental effects on health (167). For example, the Regional Office supported countries in making health impact assessments; by providing decision-makers with sound information about the health implications of policies, programmes and projects in different sectors; by developing methodologies and tools, carrying out assessments and reviews and advising on policy options. This work included analysing the consideration of health in environmental and social impact assessments, advising Member States on possible measures to protect health and rehabilitate contaminated sites, and assessing the risks of endocrine-disrupting chemicals (190)(191)(192).

159. The Regional Office also sought to describe environmental health inequalities: disparities in the exposure and vulnerability of population subgroups to environmental risks that can hinder health equity and environmental justice. The progress report produced for the Mid-term Review Meeting states that these inequalities are evident throughout the WHO European Region and persist even when population-wide exposure to environmental risks were reduced. It identifies poverty as the most important determinant, and calls for multisectoral action based on solid information to address inequalities and for the development of reliable tools to evaluate the effects of environmental interventions on health equity (167).

160. To make the economic case for the protection of the environment and health and to strengthen intersectoral cooperation, the Regional Office developed a strategic

framework for environmental health and economics and established the Environmental Health Economics Network (EHEN) (167). Under the auspices of EHEN, the Regional Office organized consultations such as the Third Symposium on Environmental Health and Economics, hosted by the German Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety in Berlin in May 2014, where there was strong consensus on the need to develop the available evidence by further assessing the cost of environmental harm to health (178).

## **WHO governance, partnerships, communication and capacity**

161. As this report shows, the WHO Regional Office for Europe performed all its work in 2014–2015 with Member States and other partners and as part of one WHO. To increase its effectiveness in carrying out its commitments, the Regional Office continued to contribute to WHO reform and to seek sustainable funding, strengthened governance in the European Region, and worked to expand the number, depth and types of its partnerships, its technical capacity and its communications and information work.

### ***WHO reform and governance***

162. The Regional Office contributed to all aspects of WHO programmatic, governance and managerial reform, including full implementation across the European Region, in the spirit of one WHO (193). At RC64, the Regional Committee expressed strong support for the progress made thus far and emphasized the need for a continued rigorous pursuit of the reform agenda (7).

163. A major step in programmatic reform was to strengthen country engagement in the development of a strategic bottom-up planning process for the biennium 2016–2017. In discussing the proposed global programme budget for 2016–2017, the Regional Committee noted that the budget incorporated the key priorities and needs identified by Member States; the Regional Office had worked hard to engage with countries in making a robust health situation analysis, as well as a careful review of regional public goods (such as established policies, plans and statutory requirements) and costing outputs at the level of delivery (7).

164. Advanced work on governance in the Region included strengthening the role of the Regional Committee and governance structures in the Regional Office, based on and in contribution to global WHO reform and supported by the SCRC subgroup on governance. The subgroup suggested, for example, improvements to the procedure for nominating candidates for membership of the WHO Executive Board and of the SCRC (37). The SCRC decided to submit an overview of governance reform at the regional level, including a multiyear rolling agenda and the sunseting of resolutions, to the global working group on governance reform, as this could ensure a more strategic approach to managing the agendas of WHO's governing bodies (7).

165. With regard to governance reform at the global level, the Regional Office (through the Regional Director's participation in the GPG) contributed to the proposal made to the Sixty-eighth World Health Assembly to create a single new programme for health emergencies, uniting outbreak and emergency resources across the three levels of WHO (see paragraph 109). In addition, the Regional Office and Member States helped

to define a framework for WHO engagement with non-State actors: at an informal consultation Member States strongly urged the Health Assembly to adopt the draft framework as soon as possible – a view endorsed by Member States at RC64 (7). The GPG and the WHO Executive Board discussed the revised draft framework and the Sixty-eighth World Health Assembly, in resolution WHA68.9 (194), requested its finalization through intergovernmental negotiations before the 138th session of the Executive Board in January 2016.

166. With regard to managerial reform, WHO's first financing dialogue with Member States and key non-State contributors had improved the predictability and transparency of WHO's financing. The Regional Office adopted a mechanism for more coordinated resource mobilization and participated on the global team. At RC64, the Regional Committee noted that the work of the SCRC subgroup on strategic resource allocation had inspired significant parts of the report of the Programme, Budget and Administration Committee (PBAC) of the Executive Board to the Sixty-seventh World Health Assembly (7)(37). At RC64, the Regional Committee gave a regional perspective on the proposed programme budget for 2016–2017, which had been developed using a robust bottom-up planning process with realistically costed outputs based on clear roles and responsibilities across the three levels of WHO (7)(195). The proposed programme budget was fully in line with the Twelfth General Programme of Work 2014–2019 and was based on repeated consultations with countries, underpinned by Health 2020, and benefited from the lessons learned from the assessment of the Regional Office's performance in 2012–2013.

167. The Regional Committee also discussed the development of a methodology for the strategic allocation of budget space (7). Input from this discussion contributed to an updated proposal for a needs-based methodology that was presented to PBAC in January 2015 (37). This would result in an increased allocation for the European Region, correcting its historically low budget allocations.

### **Financial overview, sustainability and accountability**

168. The Regional Office's report to RC65 describes its progress in implementing the programme budget for 2014–2015 (196). Overall, the Regional Office saw the results of the sustainability plan that had begun in the biennium 2012–2013, with a reduction in staff costs, a reduced salary gap and increased technical staff capacity in priority areas. Uneven funding persisted, however, particularly at the programme level, which meant that "pockets of poverty" existed alongside the need for a ceiling increase in some categories. Overall, the Regional Office for Europe was the second lowest-funded in WHO, after the Regional Office for the Americas (37).

169. The Regional Committee's comments and suggestions on the draft programme budget for 2016–2017 were incorporated into the revised version, and the Regional Office provided an additional budget for consideration, including the financial implications of the resolutions on AMR and hepatitis. A budget validation exercise was conducted and the draft programme budget was adjusted at the regional and global levels. The Executive Board and PBAC considered the draft programme budget in January 2015 and the Sixty-eighth World Health Assembly adopted it in resolution WHA68.1 in May 2015.

170. In addition, the Regional Office began to prepare a regional implementation plan for 2016–2017, corresponding to the global programme budget. After submission to the SCRC and to the Regional Committee at RC65, the plan would function as a contract between Member States in the European Region and the Secretariat and the main instrument for corporate accountability in the Region. It would highlight, for example, which outcomes or outputs in the global results chain were relevant to the Region and the Region's contribution to each indicator. The plan would help Member States to understand the Regional Office's targets for the biennium 2016–2017 (37).

### ***Partnerships to improve health and policy coherence***

171. Every page of this report demonstrates the importance of partnership to the work of the WHO Regional Office for Europe. In 2014–2015, the Regional Office strengthened its partnerships – with the EU, other United Nations agencies, international bodies and development agencies, and civil society organizations – to increase policy coherence and thus serve Member States more efficiently.

172. Partnership was so important that it had featured on the agenda of every session of the Regional Committee since 2010. During RC64, the Regional Director described the Regional Office's achievements in this area in the context of the RCM and the R-UNDG (7). These included:

- setting up and leading an interagency working group on the MDGs, which had provided input on the regional perspective in the post-2015 development agenda;
- helping to establish a United Nations regional task force on NCDs and the social determinants of health to support implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016 and Health 2020; and
- developing a guidance note to encourage the inclusion of health equity, Health 2020 and NCD prevention and control in the UNDAFs established for 17 countries and one territory (see paragraphs 18 and 34).

173. In addition, the Regional Office provided the Regional Committee with descriptions of its work with its hosted partnership the European Observatory on Health Systems and Policies, global health partnerships such as The Global Fund and the GAVI Alliance, sister United Nations agencies, the EU and other organizations in the Region, for example, the Eurasian Economic Community and the Northern Dimension Partnership in Public Health and Social Well-being, intergovernmental organizations, such as the OECD and the Council of Europe, and countries' development agencies. It also described its role in helping to define WHO's engagement with non-State actors (197), and listed all key partners and the mechanisms used to work with them (198).

174. Working with the EU and its agencies provided significant opportunities and additional benefits, many of which are described above (199). The Regional Office fully implemented its 2010 joint declaration with the European Commission (200) and increased its cooperation with the European Parliament and countries holding the Presidency of the Council of the EU. In 2014, for example, the Regional Office provided the European Parliament with fact sheets on a wide variety of topics – such as



alcohol, female genital mutilation, Health 2020, hepatitis, migration and health, polio, sexual and reproductive health, the social determinants of health and UHC, as well as the SDGs (38) – and took part in events held under the Italian Presidency that focused on migration and health. At their twelfth meeting in February 2015, senior officials of the European Commission and the Regional Office focused on six main issues (Ebola, health security, AMR, in-country cooperation, global access to medicines and cooperation in the European Region); reported on their partnerships for UHC and pharmaceutical policies in non-EU countries; and highlighted the achievements of the previous five years in the areas of innovation, health security, health information, health systems, health inequalities, NCDs and in-country collaboration (199).

175. The preceding sections give many examples of WHO's work at the regional and country levels with other United Nations agencies and with international organizations and development agencies, such as the GAVI Alliance, The Global Fund, the OECD, the World Bank, the CDC and GIZ. In addition, the Regional Office worked with the Council of Europe on, for example, health in prisons. Similarly, the Regional Office strengthened its work with civil society organizations in 2014–2015, and continued its cooperation with high-profile health advocates, such as its Patron (114). As suggested by the SCRC subgroup on governance, the Regional Office increased NGO participation at RC64 (37).

### **Networks for partnership**

176. Finally, the Regional Office engaged in new and evolving types of partnerships to strengthen public health. These focused particularly on subregional networks that either comprised countries sharing particular characteristics and interests or addressed issues of common interest, such as health promotion and health information. Examples of the former include SEEHN and the new small-countries project (33); examples of the latter include the WHO European Healthy Cities Network and the networks for healthy schools and prisons, CARINFONET and EVIPNet Europe, under EHII (see paragraphs 23 and 133).

### **Country focus**

177. In addition to all the close cooperation with countries described above, the Regional Director visited many Member States, meeting with heads of State and health and other ministers to advocate putting health high on government agendas, Health 2020, jointly agreed priorities and the promotion of intersectoral work and mechanisms. Conversely, ministers and delegations visiting the Regional Office received full briefings on the technical cooperation and assistance available, as well as discussing issues of particular interest to them. In addition, the Regional Office signed three new CCSs with countries in 2014 (see paragraph 33) and planned a broader and more consistent roll-out of this mechanism to countries without country offices over the following five years.

178. The use of national counterparts and national technical focal points further reinforced the links between Member States and the Regional Office. In 2014–2015, countries identified 46 national counterparts and 31 national technical focal points, in line with the 12 essential categories for focal points. Both countries and the Regional Office had access to this information, and WHO used the agreed mechanisms for

communication with Member States. The first meeting of national counterparts took place at RC64, focusing on the key points of the national counterpart system and counterparts' relationship with national technical focal points. A second meeting was planned for RC65.

179. The Regional Office also continued to strengthen country offices in the Region, and designated WHO representatives wherever they were needed. Although discussion of the proposed country strategy at RC64 was deferred, pending the development of a global strategy, a technical briefing gave an overview of the Regional Office's work in countries (48). All country offices provided policy advice and built capacity, ensured consistency among technical programmes, coordinated and engaged with the rest of the United Nations system, supported information exchange and communication, and coordinated with countries at the bilateral and subregional levels. Larger country offices also performed programmatic and project work, which could then be scaled up to the national level, helped to mobilize funds and promoted the importance of health in emergencies among national and international partners. The strategic desk officers at the Regional Office provided an overview of collaboration in countries; supported Member States without country offices; helped to build the capacity of WHO country teams to support partnership development in countries and to cooperate within the United Nations system, including in UNDAFs; promoted and supported intercountry collaboration; and organized country days at the Regional Office, during which ministers and their staff met with WHO staff to discuss activities for particular Member States.

### ***Increased technical capacity***

180. To ensure that the Regional Office was a strong, evidence-based organization, relevant to the whole Region, a range of steps was taken to increase its technical capacity. These included streamlining and restructuring administrative support to free up resources, recruiting additional technical staff and better utilizing existing resources and networks, including collaborating centres and national capacities. The number of staff was reduced, mainly through a voluntary separation scheme; the cost of salaries therefore fell by 20%, a greater decrease than in any other major WHO office. The reductions were primarily in programme support and administrative functions in order to increase the Regional Office's technical capacity (37).

181. The GDOs focused on environment and health, investment for health and development, and health financing, generously supported by the governments of Germany, Italy and Spain, respectively, contributed substantially to the Regional Office's work and expanded its technical capacity. In 2014–2015, the Regional Office made progress in opening three new GDOs, addressing NCDs in Moscow, the Russian Federation, preparedness for humanitarian and health emergencies in Istanbul, Turkey, and PHC in Almaty, Kazakhstan (see paragraphs 49, 110 and 124).

182. In addition, the Regional Office held an Office-wide retreat in May 2015 to further strengthen technical coherence across the Office and the Region, concentrating on the coordination of efforts to address cross-cutting themes in the context of Health 2020; to reinforce collaboration by clarifying roles and responsibilities to create synergies in cross-sectoral priorities; and to identify concrete opportunities for future coordination in implementing Health 2020 and addressing strategic issues.

## ***Effective communications and information***

183. In 2014–2015, the Regional Office continued to strengthen its role as a provider of information and evidence useful to countries, and to use a variety of means to reach its target audiences. Its website (9) remained the primary platform for both communications and information.

### **Communications**

184. In 2014, work in the area of communications focused on advocating the implementation of Health 2020, facilitating dialogue about WHO's public health priorities through campaigns and the provision of daily information, strengthening communications support to countries and addressing health in emergencies. Communications activities demonstrated how countries took up Health 2020 and explained its strategic objectives to the public, which resulted in a 56% increase in traffic to the Health 2020 website (201). Overall, nearly 2 million people visited the Regional Office website in 2014 (9).

185. In addition to providing timely, accurate information through the website, social media and traditional media outreach (202), the Regional Office promoted transparency and encouraged dialogue. During RC64, for example, it made governance processes more accessible and visible through live webcasts, live tweets and regular Facebook posts. The Twitter coverage reached more than 2 million people. The Regional Office set up a Russian Twitter channel; held Twitter chats to mark World Health Day, World No Tobacco Day and European Antibiotic Awareness Day; and promoted EIW through video, blog posts and Twitter in 2014–2015.

186. As part of WHO's contribution to country responses to humanitarian emergencies, the Regional Office deployed communications staff to the Philippines and West Africa, and provided communications support to address the health crises in the Region mentioned in the section on emergency preparedness, surveillance and response. Several training events expanded country capacity for risk communication and response to future emergencies. At the request of Member States, the Regional Office strengthened communications support to countries by launching a network of national focal points for communications, thereby fostering regular interaction and coordination.

### **Information and publishing**

187. In 2014–2015, publishing remained the primary means by which the WHO Regional Office for Europe spread its technical and policy messages to and beyond the European Region, primarily through its website (9)(203). Each year, more than 10 times as many readers accessed the most popular publications (27)(204) online as in printed copies, and total pageviews of Regional Office publications rose to over 375 000 in 2014.

188. The website was also essential to the sharing of data and evidence through not only the Regional Office's most popular data source, the European Health for All database (205), but also its new web portal (153), launched in September 2014 as a one-stop shop for data and other information useful for policy-making (see paragraph 135).

## References<sup>1</sup>

1. Better health for Europe: adapting the Regional Office for Europe to the changing European environment: the Regional Director's perspective. Copenhagen: WHO Regional Office for Europe; 2010 (EUR/RC60/8; <http://www.euro.who.int/en/who-we-are/governance/regional-committee-for-europe/past-sessions/sixtieth-session/documentation/working-documents/eurrc608>).
2. Constitution of the World Health Organization. [website]. Geneva: World Health Organization; 2014 (<http://www.who.int/library/collections/historical/en/index3.html>).
3. The right to health [website]. Copenhagen: WHO Regional Office for Europe; 2013 (<http://www.who.int/mediacentre/factsheets/fs323/en/>).
4. What we've achieved together: report of the Regional Director on the work of WHO in the European Region in 2010–2011. Copenhagen: WHO Regional Office for Europe; 2012 (<http://www.euro.who.int/en/publications/abstracts/what-weve-achieved-together-report-of-the-regional-director-on-the-work-of-who-in-the-european-region-in-20102011>).
5. Realizing our vision: report of the Regional Director on the work of WHO in the European Region in 2012–2013. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/publications/abstracts/realizing-our-vision-report-of-the-regional-director-on-the-work-of-who-in-the-european-region-in-20122013>).
6. Health 2020. A European policy framework and strategy for the 21st century. Copenhagen: WHO Regional Office for Europe; 2013 (<http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/publications/2013/health-2020-a-european-policy-framework-and-strategy-for-the-21st-century>).
7. Report of the 64th session of the WHO Regional Committee for Europe. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/report-of-the-64th-session-of-the-who-regional-committee-for-europe>).
8. Zsuzsanna Jakab appointed WHO Regional Director for Europe for second term [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/media-centre/sections/press-releases/2015/01/zsuzsanna-jakab-appointed-who-regional-director-for-europe-for-second-term>).

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<sup>1</sup> All references were accessed on 31 July 2015.

9. WHO Regional Office for Europe [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/home>).
10. European Action Plan for HIV/AIDS 2012–2015. Copenhagen: WHO Regional Office for Europe; 2011 (<http://www.euro.who.int/en/health-topics/communicable-diseases/sexually-transmitted-infections/publications2/2011/european-action-plan-for-hivaids-20122015>).
11. Roadmap to prevent and combat drug-resistant tuberculosis. The Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis in the WHO European Region 2011–2015. Copenhagen: WHO Regional Office for Europe; 2011 (<http://www.euro.who.int/en/publications/abstracts/roadmap-to-prevent-and-combat-drug-resistant-tuberculosis>).
12. European strategic action plan on antibiotic resistance. Copenhagen: WHO Regional Office for Europe; 2011 (EUR/RC61/14; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/sixty-first-session/documentation/working-documents/wd14-european-strategic-action-plan-on-antibiotic-resistance>).
13. European Action Plan for Strengthening Public Health Capacities and Services. Copenhagen: WHO Regional Office for Europe; 2012 (<http://www.euro.who.int/en/health-topics/Health-systems/public-health-services/publications/2012/european-action-plan-for-strengthening-public-health-capacities-and-services>).
14. Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016. Copenhagen: WHO Regional Office for Europe; 2012 (<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/cancer/publications/2012/action-plan-for-implementation-of-the-european-strategy-for-the-prevention-and-control-of-noncommunicable-diseases-20122016>).
15. Strategy and action plan for healthy ageing in Europe, 2012–2020. Copenhagen: WHO Regional Office for Europe; 2012 (EUR/RC62/10 Rev.1; <http://www.euro.who.int/en/health-topics/Life-stages/healthy-ageing/publications/2012/eurrc6210-rev.1-strategy-and-action-plan-for-healthy-ageing-in-europe,-20122020>).
16. European action plan to reduce the harmful use of alcohol 2012–2020. Copenhagen: WHO Regional Office for Europe; 2012 (<http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/publications/2012/european-action-plan-to-reduce-the-harmful-use-of-alcohol-20122021>).
17. The European Mental Health Action Plan. Copenhagen: WHO Regional Office for Europe; 2013 (EUR/RC63/11; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/archive/advance-copies-of-documents/eurrc6311-the-european-mental-health-action-plan>).

18. van den Berg H, Velayudhan R, Ejov R. Regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases, 2014–2020. Copenhagen: WHO Regional Office for Europe; 2013 (<http://www.euro.who.int/en/health-topics/communicable-diseases/vector-borne-and-parasitic-diseases/publications/2013/regional-framework-for-surveillance-and-control-of-invasive-mosquito-vectors-and-re-emerging-vector-borne-diseases,-20142020>).
19. European Food and Nutrition Action Plan 2015–2020. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/14; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/working-documents/eurrc6414-european-food-and-nutrition-action-plan-20152020>).
20. Investing in children: the European child and adolescent health strategy 2015–2020. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/12; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/working-documents/eurrc6412-investing-in-children-the-european-child-and-adolescent-health-strategy-20152020>).
21. Investing in children: the European child maltreatment prevention action plan 2015–2020. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/13; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/working-documents/eurrc6413-investing-in-children-the-european-child-maltreatment-prevention-action-plan-20152020>).
22. European Vaccine Action Plan 2015–2020. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/15 Rev.1; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/working-documents/eurrc6415-rev.1-european-vaccine-action-plan-20152020>).
23. Implementing Health 2020: 2012–2014. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/8 Rev. 2; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/working-documents/eurrc648-rev.-2-implementing-health-2020-20122014>).
24. Review of social determinants and the health divide in the WHO European Region. Final report. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/publications/abstracts/review-of-social-determinants-and-the-health-divide-in-the-who-european-region.-final-report>).
25. Kickbusch I, Gleicher D. Governance for health in the 21st century. Copenhagen: WHO Regional Office for Europe; 2012 (<http://www.euro.who.int/en/publications/abstracts/governance-for-health-in-the-21st-century>).

26. Kickbusch I, Behrendt T. Implementing a Health 2020 vision: governance for health in the 21st century. Making it happen. Copenhagen: WHO Regional Office for Europe; 2013 (<http://www.euro.who.int/en/publications/abstracts/implementing-a-health-2020-vision-governance-for-health-in-the-21st-century.-making-it-happen>).
27. European health report 2012: charting the way to well-being. Copenhagen: WHO Regional Office for Europe; 2013 (<http://www.euro.who.int/en/data-and-evidence/european-health-report-2012>).
28. Nordic countries committed to tackling health inequities [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/countries/sweden/news/news/2014/09/nordic-countries-committed-to-tackling-health-inequities>).
29. Nordic/Baltic policy dialogue on implementing the Health 2020 vision [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/media-centre/events/events/2014/06/nordicbaltic-policy-dialogue-on-implementing-the-health-2020-vision>).
30. Developing countries' capacity to implement Health 2020 [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/news/news/2014/01/developing-countries-capacity-to-implement-health-2020>).
31. Health 2020 implementation package [website]. Copenhagen: WHO Regional Office for Europe; (<http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/implementation-package>).
32. Targets and indicators for Health 2020. Version 2. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/publications/2014/targets-and-indicators-for-health-2020.-version-2>).
33. Eight small countries in Europe join forces to improve health [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/media-centre/sections/press-releases/2014/eight-small-countries-in-europe-join-forces-to-improve-health>).
34. Regions for Health Network annual meeting. 20–22 October 2014, Florence, Tuscany, Italy. [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/media-centre/events/events/2014/10/regions-for-health-network-annual-meeting>).
35. International Healthy Cities Conference, Athens, Greece, 22–25 October 2014 [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.healthycities2014.org/ehome/89657/Home/?&>).

36. Health in the post-2015 development agenda. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/ML/1; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/ministerial-lunches/eurrc64ml1-health-in-the-post-2015-development-agenda>).
37. Standing Committee [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/about-us/governance/standing-committee>).
38. From MDGs to SDGs, Factsheet for European Parliament. Copenhagen: WHO Regional Office for Europe; 2014 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0004/261697/9.-From-MDGs-to-SDGs,-Factsheet-for-European-Parliament.pdf](http://www.euro.who.int/__data/assets/pdf_file/0004/261697/9.-From-MDGs-to-SDGs,-Factsheet-for-European-Parliament.pdf)).
39. Aligning the agendas of Sustainable Development Goals and the European Environment and Health Process [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/health-determinants/pages/news/news/2014/10/aligning-the-agendas-of-sustainable-development-goals-and-the-european-environment-and-health-process>).
40. WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020 [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/media-centre/events/events/2015/10/WHO-European-Ministerial-Conference-on-the-Life-course-Approach-in-the-Context-of-Health-2020>).
41. Migration and health [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health>).
42. Sicily, Italy: assessing health-system capacity to manage sudden large influxes of migrants. Joint report on a mission of the Regional Health Authority of Sicily and the WHO Regional Office for Europe, with the support of the Italian Ministry of Health. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/publications/abstracts/sicily,-italy-assessing-health-system-capacity-to-manage-sudden-large-influxes-of-migrants2>).
43. Malta: assessing health-system capacity to manage sudden, large influxes of migrants. Joint report on a mission of the Ministry for Energy and Health of Malta, the International Centre for Migration, Health and Development and the WHO Regional Office for Europe. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/publications/abstracts/malta-assessing-health-system-capacity-to-manage-sudden,-large-influxes-of-migrants/>).
44. Portugal: assessing health-system capacity to manage sudden large influxes of migrants. Joint report on a mission of the Ministry of Health of Portugal, the International Centre for Migration, Health and Development and the WHO Regional Office for Europe. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/publications/abstracts/portugal-assessing>).



health-system-capacity-to-manage-sudden-large-influxes-of-migrants.-joint-report-on-a-mission-of-the-ministry-of-health-of-portugal,-the-international-centre-for-migration,-health-and-development-and-the-who-regional-office-for-europe).

45. Country cooperation strategy (CCS) signed with Cyprus [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/countries/cyprus/news/news/2014/09/country-cooperation-strategy-ccs-signed-with-cyprus>).
46. Country cooperation strategy signed with Portugal [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/countries/portugal/news/news/2014/09/country-cooperation-strategy-signed-with-portugal>).
47. WHO and Russian Federation sign country cooperation strategy [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/countries/russian-federation/news/news/2014/05/who-and-russian-federation-sign-country-cooperation-strategy>).
48. A country focus for the WHO Regional Office for Europe Technical briefing. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/TD/3; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/technical-briefings/eurrc64td3-a-country-focus-for-the-who-regional-office-for-europe-technical-briefing>).
49. United Nations Development Group promotes Health 2020 in guidance note to country teams [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/pages/news/news/2014/11/united-nations-development-group-promotes-health-2020-in-guidance-note-to-country-teams>).
50. Velea R, Tamburlini G. Early child development in the European Region: needs, trends and policy development. An overview based on five country assessments. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/publications/2014/early-child-development-in-the-european-region-needs,-trends-and-policy-development>).
51. The effects of investing in early childhood development. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/ML/2; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/ministerial-lunches/eurrc64ml2-the-effects-of-investing-in-early-childhood-development>).
52. Effective perinatal care training package (EPC) [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/Life-stages/maternal-and-newborn-health/policy-and-tools/effective-perinatal-care-training-package-epc>).

53. Beyond the numbers [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/Life-stages/maternal-and-newborn-health/activities-and-tools/beyond-the-numbers>).
54. Improving counselling services to boost nutrition of women and children in Tajikistan [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/Life-stages/maternal-and-newborn-health/news/news/2014/03/improving-counselling-services-to-boost-nutrition-of-women-and-children-in-tajikistan>).
55. Member States share experiences in implementing 'Beyond the Numbers' case reviews to reduce maternal and newborn deaths [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/Life-stages/maternal-and-newborn-health/news/news/2014/05/member-states-share-experiences-in-implementing-beyond-the-numbers-case-reviews-to-reduce-maternal-and-newborn-deaths>).
56. Improvement of maternal and newborn health continues in the Republic of Moldova [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/Life-stages/maternal-and-newborn-health/news/news/2015/01/improvement-of-maternal-and-newborn-health-continues-in-the-republic-of-moldova>).
57. Workshop on task-shifting in maternal and newborn health in Europe [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/Life-stages/maternal-and-newborn-health/news/news/2014/09/workshop-on-task-shifting-in-maternal-and-newborn-health-in-europe>).
58. Adolescence: building solid foundations for lifelong flourishing. Copenhagen: WHO Regional Office for Europe; 2014 (Entre Nous No. 80; <http://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/entre-nous/entre-nous/adolescence-building-solid-foundations-for-lifelong-flourishing.-entre-nous-no.80,-2014>).
59. National Reproductive Health Strategy in Republic of Moldova: final assessment and new perspectives [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/news/news/2015/01/national-reproductive-health-strategy-in-republic-of-moldova-final-assessment-and-new-perspectives>).
60. Global Action Plan for the Prevention and Control of NCDs 2013-2020. Geneva: World Health Organization; 2013 ([http://www.who.int/nmh/events/ncd\\_action\\_plan/en/](http://www.who.int/nmh/events/ncd_action_plan/en/)).
61. Noncommunicable diseases country profiles 2014-WHO global report [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/ncd-background-information/noncommunicable-diseases-country-profiles-2014>).

62. Better noncommunicable disease outcomes: challenges and opportunities for health systems. Assessment Guide. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/Health-systems/pages/health-systems-response-to-noncommunicable-diseases/publications/2014/better-noncommunicable-disease-outcomes-challenges-and-opportunities-for-health-systems.-country-assessment-guide-2014>).
63. Country assessment to improve noncommunicable diseases outcomes in Belarus [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/pages/news/news/2014/06/country-assessment-to-improve-noncommunicable-diseases-outcomes-in-belarus>).
64. Assessment of barriers and opportunities to improve NCD outcomes in Estonia [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/pages/news/news/2014/11/assessment-of-barriers-and-opportunities-to-improve-ncd-outcomes-in-estonia>).
65. Vokó Z, Beran D, Pusztai Z, Bak Pedersen H, Evetovits T, Szigeti S. Better noncommunicable disease outcomes: challenges and opportunities for health systems. Hungary Country Assessment: Focus on diabetes. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/Health-systems/pages/health-systems-response-to-noncommunicable-diseases/publications/2014/better-non-communicable-disease-outcomes-challenges-and-opportunities-for-health-systems.-hungary-country-assessment-focus-on-diabetes-2014>).
66. Jakab M, Smith B, Sautenkova N, Abdraimova A, Temirov A. Better noncommunicable disease outcomes: challenges and opportunities for health systems: Kyrgyzstan country assessment. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/countries/kyrgyzstan/publications3/better-noncommunicable-disease-outcomes-challenges-and-opportunities-for-health-systems-kyrgyzstan-country-assessment-2014>).
67. Skarphedinsdottir M, Smith B, Ferrario A, Zues O, Ciobanu A. Better noncommunicable disease outcomes: challenges and opportunities for health systems. Republic of Moldova country assessment. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/countries/republic-of-moldova/publications2/better-noncommunicable-disease-outcomes-challenges-and-opportunities-for-health-systems.-republic-of-moldova-country-assessment-2014>).
68. Akkazieva B, Tello, Smith B, Jakab M, Krasovsky K. Better noncommunicable disease outcomes: challenges and opportunities for health systems. Tajikistan country assessment. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/noncommunicable->

diseases/pages/health-systems-response-to-noncommunicable-diseases/publications/2014/better-noncommunicable-disease-outcome-challenges-and-opportunities-for-health-systems-tajikistan-country-assessment-2014).

69. Jakab M, Hawkins L, Loring B, Tello J, Ergüder T. Better noncommunicable disease outcomes: challenges and opportunities for health systems, No. 2. Turkey Country Assessment. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/countries/turkey/publications/better-noncommunicable-disease-outcomes,-challenges-and-opportunities-for-health-systems.-turkey-country-assessment-2014>).
70. Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020. Copenhagen: WHO Regional Office for Europe; 2013 (<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/ncd-background-information/ashgabat-declaration-on-the-prevention-and-control-of-noncommunicable-diseases-in-the-context-of-health-2020>).
71. McDaid D, Sassi F, Merkur S, editors. Promoting Health, Preventing Disease: The Economic Case. Maidenhead: Open University Press; 2015 (<http://www.mheducation.co.uk/9780335262267-emea-promoting-health-preventing-disease-the-economic-case>).
72. WHO project to combat noncommunicable diseases with major grant from Russian Federation [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/media-centre/sections/press-releases/2014/who-project-to-combat-noncommunicable-diseases-with-major-grant-from-russian-federation>).
73. Slovakia focussing on multisectoral approach to fight noncommunicable diseases [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/pages/news/news/2015/02/slovakia-focussing-on-multisectoral-approach-to-fight-noncommunicable-diseases>).
74. Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020. Copenhagen: WHO Regional Office for Europe; 2013 (<http://www.euro.who.int/en/media-centre/events/events/2013/07/vienna-conference-on-nutrition-and-noncommunicable-diseases/documentation/vienna-declaration-on-nutrition-and-noncommunicable-diseases-in-the-context-of-health-2020>).
75. Physical activity strategy for the WHO European Region 2016-2025. Copenhagen: WHO Regional Office for Europe; 2015 (EUR/RC65/9; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/65th-session/documentation/working-documents/eurrc659-physical-activity-strategy-for-the-who-european-region-20162025>).
76. Conference on nutrition and physical activity from childhood to old age [website]. Copenhagen: WHO Regional Office for Europe; 2014

- (<http://www.euro.who.int/en/media-centre/events/events/2014/02/conference-on-nutrition-and-physical-activity-from-childhood-to-old-age>).
77. WHO European Childhood Obesity Surveillance Initiative (COSI) [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/activities/monitoring-and-surveillance/who-european-childhood-obesity-surveillance-initiative-cosi>).
  78. Estonian First Lady becomes champion of health [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/news/news/2014/03/estonian-first-lady-becomes-champion-of-health>).
  79. Comprehensive implementation plan on maternal, infant and young child nutrition. Geneva: World Health Organization; 2012 (Resolution, No. WHA65/6; [http://www.who.int/nutrition/topics/wha\\_65\\_6/en/](http://www.who.int/nutrition/topics/wha_65_6/en/)).
  80. EU Action Plan on Childhood Obesity 2014-2020. Brussels: European Commission; 2014 ([http://ec.europa.eu/health/nutrition\\_physical\\_activity/docs/childhoodobesity\\_actionplan\\_2014\\_2020\\_en.pdf](http://ec.europa.eu/health/nutrition_physical_activity/docs/childhoodobesity_actionplan_2014_2020_en.pdf)).
  81. WHO launches tool to help countries reduce marketing of foods with too much fat, sugar and salt to children [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/media-centre/sections/press-releases/2015/02/who-launches-tool-to-help-countries-reduce-marketing-of-foods-with-too-much-fat,-sugar-and-salt-to-children>).
  82. Nutrition and food safety on agenda during Regional Director's visit to Uzbekistan [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/news/news/2014/06/nutrition-and-food-safety-on-agenda-during-regional-directors-visit-to-uzbekistan>).
  83. Food and Nutrition [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/media-centre/sections/fact-sheets/2014/09/food-and-nutrition>).
  84. Reducing salt consumption [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/news/news/2014/12/reducing-salt-consumption>).
  85. Informal consultation with stakeholders on the development of the European Physical Activity Strategy [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/news/news/2015/02/informal-consultation-with-stakeholders-on-the-development-of-the-european-physical-activity-strategy>).
  86. WHO Framework Convention on Tobacco Control [website]. Geneva: World Health Organization; 2015 (<http://www.who.int/fctc/en/>).

87. Directive 2014/40/EU of the European Parliament and of the Council of 3 April 2014 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products and repealing Directive 2001/37/EC. Text with EEA relevance. Off. J. Eur. Union. 2014;L 127/1. (<http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:32014L0040>).
88. World Health Organization. About the Protocol to Eliminate Illicit Trade in Tobacco Products [website]. Geneva: World Health Organization; 2015 (<http://www.who.int/fctc/protocol/about/en/>).
89. 20 countries and European Union sign Protocol to Eliminate Illicit Trade in Tobacco Products [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/news/news/2014/01/20-countries-and-european-union-sign-protocol-to-eliminate-illicit-trade-in-tobacco-products>).
90. Regional meeting on implementation of WHO Framework Convention on Tobacco Control in Budapest [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/countries/hungary/news/news/2014/03/regional-meeting-on-implementation-of-who-framework-convention-on-tobacco-control-in-budapest>).
91. World No Tobacco Day 2015: Stop illicit trade of tobacco products [website]. Copenhagen: WHO Regional Office for Europe; (<http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/world-no-tobacco-day/2015-stop-illicit-trade-of-tobacco-products>).
92. World No Tobacco Day awards 2015 [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/countries/spain/news/news/2015/05/world-no-tobacco-day-awards-2015>).
93. Tobacco. News [website]. Copenhagen: WHO Regional Office for Europe; 2015 ([http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/news/news/news?root\\_node\\_selection=266786&page\\_asset\\_listing\\_52795\\_submit\\_button=Search](http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/news/news/news?root_node_selection=266786&page_asset_listing_52795_submit_button=Search)).
94. Consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the WHO European Region 2011–2015. Copenhagen: WHO Regional Office for Europe; 2011 (EUR/RC61/15; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/sixty-first-session/documentation/working-documents/wd15-consolidated-action-plan-to-prevent-and-combat-multidrug-and-extensively-drug-resistant-tuberculosis-in-the-who-european-region-20112015>).
95. Tuberculosis. News [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/news/news/news>).

96. World Tuberculosis Day - 24 March 2015 [website]. Geneva; World Health Organization; 2015 (<http://www.who.int/campaigns/tb-day/2015/event/en/>).
97. Tuberculosis surveillance and monitoring in Europe 2014. Stockholm: European Centre for Disease Prevention and Control, WHO Regional Office for Europe; 2014 (Surveillance report; <http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2014/tuberculosis-surveillance-and-monitoring-in-europe-2014>).
98. Tuberculosis surveillance and monitoring in Europe 2015. Stockholm: European Centre for Disease Prevention and Control, WHO Regional Office for Europe; 2015 (Surveillance report; <http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2015/tuberculosis-surveillance-and-monitoring-in-europe-2015>).
99. The Stop TB Strategy [website]. Geneva: World Health Organization; 2015 (<http://www.who.int/tb/strategy/en/>).
100. End Tuberculosis (TB) in Europe: shifting the gears for action (Wolfheze Workshops 2015) [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/media-centre/events/events/2015/05/end-tuberculosis-tb-in-europe-shifting-the-gears-for-action-wolfheze-workshops-2015>).
101. Progress reports. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/19 Corr.1; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/working-documents/eurrc6419-corr.1-progress-reports>).
102. World Health Organization, European Centre for Disease Prevention and Control (ECDC). HIV/AIDS surveillance in Europe 2013. Stockholm: European Centre for Disease Prevention and Control; 2013 (Surveillance report; <http://www.euro.who.int/en/health-topics/communicable-diseases/hivaids/publications/2014/whoecdc-report-hivaids-surveillance-in-europe-2013>).
103. Regional Director presents progress against and challenges of HIV/AIDS in European Region [website]. Copenhagen: WHO Regional office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/communicable-diseases/hivaids/news/news/2014/05/regional-director-presents-progress-against-and-challenges-of-hivaids-in-european-region>).
104. Preventing hepatitis B and C [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/communicable-diseases/hepatitis/news/news/2014/07/preventing-hepatitis-b-and-c>).
105. Antimicrobial resistance. News [website]. Copenhagen: WHO Regional Office for Europe; 2014 ([http://www.euro.who.int/en/health-topics/disease-prevention/antimicrobial-resistance/news/news/news?root\\_node\\_selection=237971&page\\_asset\\_listing\\_125512\\_submit\\_button=Search](http://www.euro.who.int/en/health-topics/disease-prevention/antimicrobial-resistance/news/news/news?root_node_selection=237971&page_asset_listing_125512_submit_button=Search)).

106. Versporten A, Bolokhovets G, Ghazaryan L, Abilova V, Pyshnik G, Spasojevic A. Antibiotic use in eastern Europe: a cross-national database study in coordination with the WHO Regional Office for Europe. *Lancet Infect. Dis.* 2014;14(5):381–7. doi:10.1016/S1473-3099(14)70071-4.
107. Region-wide celebration of European Antibiotic Awareness Day [website]. Copenhagen: WHO Regional office for Europe; 2014 (<http://www.euro.who.int/en/countries/slovakia/news/news/2014/12/region-wide-celebration-of-european-antibiotic-awareness-day>).
108. The role of pharmacist in encouraging prudent use of antibiotics and averting antimicrobial resistance: a review of policy and experience in Europe. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/Health-systems/medicines/publications2/2014/the-role-of-pharmacist-in-encouraging-prudent-use-of-antibiotic-medicines-and-averting-antimicrobial-resistance-a-review-of-current-policies-and-experiences-in-europe>).
109. Guide to tailoring immunization programmes (TIP). Increasing coverage of infant and child vaccination in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2013 (<http://www.euro.who.int/en/health-topics/communicable-diseases/influenza/publications/2013/guide-to-tailoring-immunization-programmes>).
110. Draft global action plan on antimicrobial resistance. Geneva: World Health Organization; 2015 ([http://www.who.int/drugresistance/global\\_action\\_plan/en/](http://www.who.int/drugresistance/global_action_plan/en/)).
111. World Health Organization. Global Vaccine Action Plan 2011-2020. Geneva: World Health Organization; 2011 ([http://www.who.int/immunization/global\\_vaccine\\_action\\_plan/GVAP\\_doc\\_2011\\_2020/en/](http://www.who.int/immunization/global_vaccine_action_plan/GVAP_doc_2011_2020/en/)).
112. Vaccines and immunization. Events [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/events/events/events>).
113. European Immunization Week [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/european-immunization-week>).
114. Patron. Her Royal Highness Crown Princess Mary of Denmark. [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/about-us/patron>).
115. Defining disease burden and making decisions on seasonal influenza vaccination (2014). Report of a WHO Regional Office for Europe meeting. Tbilisi, Georgia, 25–29 August 2014. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/communicable-diseases/influenza/publications/2015/defining-disease-burden-and-making-decisions-on-seasonal-influenza-vaccination-2014>).



116. Evaluation of seasonal influenza vaccination policies and coverage in the WHO European Region. Results from the 2008/2009 and 2009/2010 influenza seasons Based on a joint VENICE–ECDC–WHO survey. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/communicable-diseases/influenza/publications/evaluation-of-seasonal-influenza-vaccination-policies-and-coverage-in-the-who-european-region/evaluation-of-seasonal-influenza-vaccination-policies-and-coverage-in-the-who-european-region>).
117. European Centre for Disease Prevention and Control (ECDC). Flu News Europe [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://flunewseurope.org/>).
118. Pandemic Influenza Preparedness (PIP) Framework [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/communicable-diseases/influenza/pandemic-influenza/pandemic-influenza-preparedness-pip-framework>).
119. Influenza. Clinical management [website]. Copenhagen: WHO Regional Office for Europe; 2009 (<http://www.euro.who.int/en/health-topics/communicable-diseases/influenza/clinical-management>).
120. Measles and rubella [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/communicable-diseases/measles-and-rubella>).
121. Measles and rubella elimination 2015. Package for accelerated action: 2013–2015. Copenhagen: WHO Regional Office for Europe; 2013 (<http://www.euro.who.int/en/health-topics/communicable-diseases/measles-and-rubella/publications/2013/measles-and-rubella-elimination-2015.-package-for-accelerated-action-2013-2015>).
122. Extraordinary meeting of the European Technical Advisory Group of Experts on Immunization (ETAGE). Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/publications/2015/extraordinary-meeting-of-the-european-technical-advisory-group-of-experts-on-immunization-etage>).
123. Poliomyelitis [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/communicable-diseases/poliomyelitis>).
124. International Health Regulations (2005), Second edition. Geneva: World Health Organization; 2008 (<http://www.who.int/ihr/9789241596664/en/>).
125. Global Polio Eradication Initiative Implementing the Polio Eradication and Endgame Strategic Plan 2013–2018. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/Inf.Doc./6; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/information-documents/eurrc64inf.doc.6-global-polio>).

eradication-initiative-implementing-the-polio-eradication-and-endgame-strategic-plan-20132018).

126. From malaria control to malaria elimination: a manual for elimination scenario planning. Geneva: World Health Organization; 2014 (<http://www.who.int/malaria/publications/atoz/9789241507028/en/>).
127. Vector-borne and parasitic diseases [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/communicable-diseases/vector-borne-and-parasitic-diseases>).
128. World Health Day 2014 – Vector-borne diseases [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/about-us/whd/past-themes-of-world-health-day/2014-vector-borne-diseases>).
129. Emergencies [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/emergencies>).
130. Building capacity to protect public health during mass gatherings in Azerbaijan [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/emergencies/pages/news/news/2014/11/building-capacity-to-protect-public-health-during-mass-gatherings-in-azerbaijan>).
131. Ebola outbreak 2014 [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/emergencies/ebola-outbreak-2014>).
132. Ebola response roadmap. Geneva: World Health Organization; 2014 (<http://www.who.int/csr/resources/publications/ebola/response-roadmap/en/>).
133. Global health emergency workforce. In: Sixty-eighth World Health Assembly Geneva, 18–26 May 2015. Geneva: World Health Organization; 2015 (Document A68/27.; [http://apps.who.int/gb/e/e\\_wha68.html](http://apps.who.int/gb/e/e_wha68.html)).
134. Decision No 1082/2013/EU of The European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98/EC. Off. J. Eur. Union. 2013;L 293/1. (Decision No 1082/2013/EU; [http://ec.europa.eu/health/preparedness\\_response/policy/decision/index\\_en.htm](http://ec.europa.eu/health/preparedness_response/policy/decision/index_en.htm)).
135. Regional consultation on the accelerated use of the International Health Regulations (2005). Copenhagen: WHO Regional Office for Europe; 2015 (EUR/RC64/Inf.Doc./8; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/information-documents/eurrc64inf.doc.8-regional-consultation-on-the-accelerated-use-of-the-international-health-regulations-2005>).
136. Outbreak Investigation and Response Workshop. Copenhagen: Robert Koch Institute (RKI); 2015 (<http://www.euro.who.int/en/health->

topics/communicable-diseases/influenza/pandemic-influenza/pandemic-influenza-preparedness-pip-framework/implementation-of-the-pandemic-influenza-preparedness-framework-in-the-who-european-region/laboratory-and-surveillance/strengthening-lab-and-surveillance-capacities-in-pip-eligible-countries/outbreak-investigation-and-response-workshop).

137. Report of the WHO Regional meeting on strengthening laboratory capacities to support national programmes in eastern Europe and central Asia (2014). WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/communicable-diseases/hiv-aids/publications/2014/report-of-the-who-regional-meeting-on-strengthening-laboratory-capacities-to-support-national-programmes-in-eastern-europe-and-central-asia-2014>).
138. WHO training tool helps build laboratory capacities in eastern Europe [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/communicable-diseases/influenza/news/news/2014/10/who-training-tool-helps-build-laboratory-capacities-in-eastern-europe>).
139. Introduction to Laboratory Quality Management and the Laboratory Quality Stepwise Implementation (LQSI) tool [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/communicable-diseases/influenza/news/news/2014/12/introduction-to-laboratory-quality-management-and-the-laboratory-quality-stepwise-implementation-lqsi-tool>).
140. Tallinn Charter: 'Health Systems for Health and Wealth'. Copenhagen: WHO Regional Office for Europe; 2008 (<http://www.euro.who.int/en/publications/policy-documents/tallinn-charter-health-systems-for-health-and-wealth>).
141. Health systems [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/Health-systems>).
142. Nolte E, Pitchforth E. What is the evidence on the economic impacts of integrated care? Copenhagen: WHO Regional Office for Europe, the European Observatory on Health Systems and Policies; 2014 (Policy Summary, No. 11; <http://www.euro.who.int/en/about-us/partners/observatory/publications/policy-briefs-and-summaries/what-is-the-evidence-on-the-economic-impacts-of-integrated-care>).
143. Strengthening people-centred health services delivery in the WHO European Region: concept note. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery/publications/2014/strengthening-people-centred-health-services-delivery-in-the-who-european-region-concept-note>).
144. Flagship Course on Health Systems Strengthening: focus on noncommunicable diseases [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/media-centre/events/events/2015/04/flagship-course-on-health-systems-strengthening-focus-on-noncommunicable-diseases>).

145. Nurses and midwives: a vital resource for health. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/TD/2; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/technical-briefings/eurrc64td2-nurses-and-midwives-a-vital-resource-for-health>).
146. European strategic directions for strengthening nursing and midwifery towards Health 2020 goals. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/Health-systems/nursing-and-midwifery/publications/2015/european-strategic-directions-for-strengthening-nursing-and-midwifery-towards-health-2020-goals>).
147. Declaration of Alma-Ata, 1978. Copenhagen: WHO Regional Office for Europe; 1978 (<http://www.euro.who.int/en/publications/policy-documents/declaration-of-alma-ata,-1978>).
148. Barcelona Course on Health Financing [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/Health-systems/health-systems-financing/activities/learning-opportunities-and-training-courses/barcelona-course-on-health-financing>).
149. Conference on Universal Health Coverage Day in Albania [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/Health-systems/health-systems-financing/news/news/2014/12/conference-on-universal-health-coverage-day-in-albania>).
150. Health workers who migrate from the Republic of Moldova to work in Italy and other European Union countries. Copenhagen: WHO Regional Office for Europe; 2014 (Health Policy Paper Series, No. 17; <http://www.euro.who.int/en/health-topics/Health-systems/health-workforce/publications/2014/health-policy-paper-series-no.-17-health-workers-who-migrate-from-the-republic-of-moldova-to-work-in-italy-and-other-european-union-countries-2014>).
151. European Health Information Initiative. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/data-and-evidence/european-health-information-initiative>).
152. Evidence-informed policy-making [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making>).
153. Health information and evidence portal [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://portal.euro.who.int/en/portal>).
154. Health information systems in Europe: where are we going? Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/TD/4; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/technical->

- briefings/eurrc64td4-health-information-systems-in-europe-where-are-we-going).
155. Second joint meeting of experts on targets and indicators for health and well-being in Health 2020. London, United Kingdom, 3–4 April 2014. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/publications/abstracts/second-joint-meeting-of-experts-on-targets-and-indicators-for-health-and-well-being-in-health-2020.-london,-united-kingdom,-34-april-2014>).
  156. Core Health Indicators in the WHO European Region 2014. Special focus: Health 2020 targets indicators. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/data-and-evidence/core-health-indicators-in-the-who-european-region-2014.-special-focus-health-2020-targets-indicators>).
  157. Michelsen K, Brand H, Achterberg P, Wilkinson J. Promoting better integration of health information systems: best practices and challenges. Copenhagen: WHO Regional Office for Europe; 2015 ((Health Evidence Network (HEN) synthesis report; <http://www.euro.who.int/en/publications/abstracts/promoting-better-integration-of-health-information-systems-best-practices-and-challenges>).
  158. Pikhart H, Pikhartova J. Relationship between psychosocial risk factors and health outcomes of chronic diseases: a review of the evidence for cancer and cardiovascular diseases. Copenhagen: WHO Regional Office for Europe; 2015 ((Health Evidence Network (HEN) synthesis report; <http://www.euro.who.int/en/publications/abstracts/relationship-between-psychosocial-risk-factors-and-health-outcomes-of-chronic-diseases-a-review-of-the-evidence-for-cancer-and-cardiovascular-diseases-the>).
  159. Public Health Panorama [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/publications/public-health-panorama>).
  160. European health report 2015 [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/data-and-evidence/european-health-report2015>).
  161. Fifth meeting of the European Advisory Committee on Health Research (EACHR). Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/media-centre/events/events/2014/07/fifth-meeting-of-the-european-advisory-committee-on-health-research-eachr>).
  162. Autumn School brings health information and evidence for policy into sharp focus [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/news/news/2014/11/autumn-school-brings-health-information-and-evidence-for-policy-into-sharp-focus>).

163. Support tool to assess health information systems and develop and strengthen health information strategies. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/publications/abstracts/support-tool-to-assess-health-information-systems-and-develop-and-strengthen-health-information-strategies>).
164. Progress on the European Environment and Health Process. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/24 Rev.1; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/working-documents/eurrc6424-rev.1-progress-on-the-european-environment-and-health-process>).
165. European Environment and Health Process Mid-term Review (EHP-MTR) [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/media-centre/events/events/2015/04/ehp-mid-term-review/background>).
166. European Environment and Health Ministerial Board (EHMB) [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/environment-and-health/pages/european-environment-and-health-process-ehp/governance/european-environment-and-health-ministerial-board-ehmb>).
167. Improving environment and health in Europe: how far have we gotten? Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/publications/abstracts/improving-environment-and-health-in-europe-how-far-have-we-gotten>).
168. UNECE. THE PEP [website]. 2015 (<http://www.unece.org/thepep/en/welcome.html>).
169. Protocol on Water and Health [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/environment-and-health/water-and-sanitation/protocol-on-water-and-health>).
170. Fourth High-level Meeting on Transport, Health and Environment (4HLM) [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/media-centre/events/events/2014/04/fourth-high-level-meeting-on-transport,-health-and-environment-4hlm>).
171. From Amsterdam to Paris and beyond: the Transport, Health and Environment Pan-European Programme (THE PEP) 2009-2020. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/environment-and-health/Transport-and-health/publications/2014/from-amsterdam-to-paris-and-beyond-the-transport,-health-and-environment-pan-european-programme-the-pep-2009-2020>).
172. Schweizer C, Racioppi F, Nemer L. Developing national action plans on transport, health and environment. A step-by-step manual for policy-makers and planners. Copenhagen: WHO Regional Office for Europe; 2014

- (<http://www.euro.who.int/en/health-topics/environment-and-health/Transport-and-health/publications/2014/developing-national-action-plans-on-transport,-health-and-environment.-a-step-by-step-manual-for-policy-makers-and-planners>).
173. Signs and signals for cyclists and pedestrians. Comparison of rules and practices in 13 countries. Lyon: Center for Expertise and Engineering on Risks, Urban and Country Planning, Environment and Mobility; 2014  
([http://www.developpement-durable.gouv.fr/IMG/pdf/Signs\\_and\\_signals\\_EN\\_2\\_.pdf](http://www.developpement-durable.gouv.fr/IMG/pdf/Signs_and_signals_EN_2_.pdf)).
  174. Unlocking new opportunities: jobs in green and healthy transport. Copenhagen: WHO Regional Office for Europe; 2014  
(<http://www.euro.who.int/en/publications/abstracts/unlocking-new-opportunities-jobs-in-green-and-healthy-transport>).
  175. Water safety plans in eastern Europe, the Caucasus and central Asia. Summary of a workshop on building capacities for the development of water safety plans 24–25 June 2014, Bishkek, Kyrgyzstan. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/environment-and-health/water-and-sanitation/publications/2014/water-safety-plans-in-eastern-europe,-the-caucasus-and-central-asia>).
  176. Rickert B, Schmoll O, Rinehold A, Barrenberg E. Water safety plan: a field guide to improving drinking-water safety in small communities. Copenhagen: WHO Regional Office for Europe; 2014  
(<http://www.euro.who.int/en/publications/abstracts/water-safety-plan-a-field-guide-to-improving-drinking-water-safety-in-small-communities>).
  177. Water and sanitation in the WHO European Region: 2014 Highlights. Copenhagen: WHO Regional Office for Europe; 2015  
(<http://www.euro.who.int/en/health-topics/environment-and-health/water-and-sanitation/publications/water-and-sanitation-in-the-who-european-region-2014-highlights/water-and-sanitation-in-the-who-european-region-2014-highlights>).
  178. Environment and Health. News. [website]. Copenhagen: WHO Regional Office for Europe; 2015 ([http://www.euro.who.int/en/health-topics/environment-and-health/pages/news/news/news?root\\_node\\_selection=48013](http://www.euro.who.int/en/health-topics/environment-and-health/pages/news/news/news?root_node_selection=48013)).
  179. Implementing the European Regional Framework for Action to protect health from climate change. A status report. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/environment-and-health/Climate-change/publications/2015/implementing-the-european-regional-framework-for-action-to-protect-health-from-climate-change.-a-status-report>).
  180. WHO honoured with lung health award for air quality guidelines [website]. Copenhagen: WHO Regional Office for Europe; 2014  
(<http://www.euro.who.int/en/media-centre/sections/press-releases/2014/who-honoured-with-lung-health-award-for-air-quality-guidelines>).

181. Air quality guidelines. Global update 2005. Particulate matter, ozone, nitrogen dioxide and sulfur dioxide. Copenhagen: WHO Regional Office for Europe; 2006 (<http://www.euro.who.int/en/health-topics/environment-and-health/air-quality/publications/pre2009/air-quality-guidelines.-global-update-2005.-particulate-matter,-ozone,-nitrogen-dioxide-and-sulfur-dioxide>).
182. Review of evidence on health aspects of air pollution – REVIHAAP project: final technical report. Copenhagen: WHO Regional Office for Europe; 2013 (<http://www.euro.who.int/en/health-topics/environment-and-health/air-quality/publications/2013/review-of-evidence-on-health-aspects-of-air-pollution-revihaap-project-final-technical-report>).
183. Towards the elimination of asbestos-related diseases in the WHO European Region. Assessment of current policies in Member States, 2014. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/publications/abstracts/towards-the-elimination-of-asbestos-related-diseases-in-the-who-european-region.-assessment-of-current-policies-in-member-states,-2014>).
184. Human biomonitoring: facts and figures. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/environment-and-health/health-impact-assessment/publications/2015/human-biomonitoring-facts-and-figures>).
185. Combined or multiple exposure to health stressors in indoor built environments. An evidence-based review prepared for the WHO training workshop “Multiple environmental exposures and risks,” 16-18 October 2013, Bonn, Germany. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/environment-and-health/Housing-and-health/publications/2014/combined-or-multiple-exposure-to-health-stressors-in-indoor-built-environments>).
186. Residential heating with wood and coal: health impacts and policy options in Europe and North America. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/publications/abstracts/residential-heating-with-wood-and-coal-health-impacts-and-policy-options-in-europe-and-north-america>).
187. The school environment: policies and current status. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/environment-and-health/Housing-and-health/publications/2015/the-school-environment-policies-and-current-status>).
188. World Health Day 2015: Food safety [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/about-us/whd/world-health-day-2015>).
189. Health, environment and agriculture sectors must tackle antibiotic resistance together [website]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/disease-prevention/food->



safety/news/news/2014/06/health,-environment-and-agriculture-sectors-must-tackle-antibiotic-resistance-together).

190. Fehr R, Viliani F, Nowacki J, Martuzzi M, editors. Health in Impact Assessments: Opportunities not to be missed. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/environment-and-health/health-impact-assessment/publications/2014/health-in-impact-assessments-opportunities-not-to-be-missed>).
191. Mudu P, Terracini B, Martuzzi M, editors. Human health in areas with industrial contamination. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/environment-and-health/health-impact-assessment/publications/2014/human-health-in-areas-with-industrial-contamination>).
192. Identification of risks of endocrine-disrupting chemicals: overview of existing practices and steps ahead. Report of a meeting in Bonn, Germany 7-8 July 2014. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/environment-and-health/health-impact-assessment/publications/2015/identification-of-risks-of-endocrine-disrupting-chemicals-overview-of-existing-practices-and-steps-ahead-2015>).
193. WHO reform: progress and implications for the European Region. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/16; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/working-documents/eurrc6416-who-reform-progress-and-implications-for-the-european-region>).
194. Framework of engagement with non-State actors. In: Sixty-eighth World Health Assembly, Geneva, 18–26 May 2015. Geneva: World Health Organization; 2015 (Resolution, No. WHA68.9; [http://apps.who.int/gb/e/e\\_wha68.html#Resolutions](http://apps.who.int/gb/e/e_wha68.html#Resolutions)).
195. Draft proposed WHO programme budget 2016–2017: the European Region’s perspective. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/17; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/working-documents/eurrc6417-draft-proposed-who-programme-budget-20162017-the-european-regions-perspective>).
196. Implementation of the programme budget 2014–2015. Copenhagen: WHO Regional Office for Europe; 2015 (EUR/RC65/Inf.Doc./2).
197. Partnerships for health in the European Region. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/Inf.Doc./2; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/information-documents/eurrc64inf.doc.2-partnerships-for-health-in-the-european-region>).

198. Annex. Key partners currently working with the WHO Regional Office for Europe. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/Inf.Doc./2 Add.1; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/information-documents/eurrc64inf.doc.2-add.1-annex.-key-partners-currently-working-with-the-who-regional-office-for-europe>).
199. European Union (EU) and its institutions [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/about-us/partners/other-partners/european-union-eu-and-its-institutions2>).
200. Partnerships for health in the European Region, Addendum 1, European Commission and WHO Regional Office for Europe: Joint Declaration. Copenhagen: WHO Regional Office for Europe; 2010 (EUR/RC60/12 Add.1; <http://www.euro.who.int/en/about-us/partners/publications/partnerships-for-health-in-the-european-region,-addendum-1,-european-commission-and-who-regional-office-for-europe-joint-declaration>).
201. Health 2020: the European policy for health and well-being [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being>).
202. Media centre [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/media-centre>).
203. Publications [website]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/publications>).
204. Currie C, Zanotti C, Morgan A, Currie D, de Looze M, editors. Social determinants of health and well-being among young people. Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey. Copenhagen: WHO Regional Office for Europe; 2012 (Health Policy for Children and Adolescents, No. 6; <http://www.euro.who.int/en/publications/abstracts/social-determinants-of-health-and-well-being-among-young-people.-health-behaviour-in-school-aged-children-hbsc-study>).
205. European Health for All database (HFA-DB). Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/data-and-evidence/databases/european-health-for-all-database-hfa-db>).