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Report of the 64th session of the WHO Regional Committee for Europe

Copenhagen, Denmark, 15–18 September 2014

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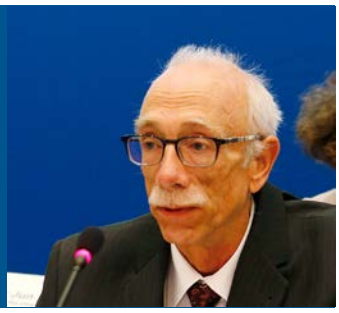
Opening of the session



The 64th session of the WHO Regional Committee for Europe was held at UN City in Copenhagen, Denmark, from 15 to 18 September 2014. Representatives of 53 countries of the WHO European Region took part. Also present were representatives of the International Atomic Energy Agency (IAEA), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), the United Nations Development Programme, the United Nations Population Fund (UNFPA), the World Bank, the European Union (EU), the Organisation for Economic Co-operation and Development and the Nordic Council of Ministers.

The first working meeting was opened by Dr Daniel Reynders (Belgium), outgoing Executive President.

Election of officers

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

Mr Nick Hækkerup (Denmark)	President
Dr Ray Busuttil (Malta)	Executive President
Ms Taru Koivisto (Finland)	Deputy Executive President
Professor Alex Leventhal (Israel)	Rapporteur

Adoption of the agenda and programme of work

(EUR/RC64/2 Rev.1 and EUR/RC64/3 Rev.1)

The Regional Committee adopted the agenda and programme of work.

The Regional Committee agreed to invite the EU delegation to attend and participate without vote in the meetings of any subcommittees, drafting groups and other subdivisions taking place during the 64th session addressing matters within the competence of the EU.

Address by Her Royal Highness Crown Princess Mary of Denmark

As Patron of the WHO Regional Office for Europe, Her Royal Highness Crown Princess Mary of Denmark welcomed participants to her country and expressed satisfaction that much had been

achieved in efforts to attain the eight Millennium Development Goals (MDGs). Nonetheless, *The Millennium Development Goals Report 2013*[1] showed that progress was uneven, both between and within countries. The MDGs for which progress was lagging the most were those that had women and girls at their core. Maternal mortality rates, for instance, were 40 times higher in some countries in the WHO European Region than in others. Further progress in improving health and well-being could be made only by reducing health systems inequities and gender inequalities. It was widely accepted that health was a precondition, an outcome and an indicator of success for the post-2015 sustainable development agenda, which needed to address universal health coverage, noncommunicable diseases, and sexual and reproductive health and rights.

Given her particular interest in child and adolescent health, the Crown Princess was pleased to see that at the current session the Region was being asked to adopt a renewed strategy in that area, a new action plan on child maltreatment prevention and a new action plan on food and nutrition to address malnutrition and obesity. She would continue to support the Regional Office's efforts to ensure equal access to immunization for everyone at every life stage, through the European Vaccine Action Plan. The ambitious agenda called for serious commitment and the Regional Committee, comprising health leaders and champions, had a significant role to play in ensuring the future health of the Region.

Address by the WHO Regional Director for Europe

(EUR/RC64/5, EUR/RC64/18, EUR/RC64/R1, EUR/RC64/Inf.Doc./1 Rev.1)

The Regional Director said that, despite significant improvements in health outcomes throughout the Region, health inequities persisted. In the context of challenges such as the high burden of noncommunicable diseases (NCDs) and profound economic recession and austerity measures, new thinking was required and health must be given high priority on the political agenda. To that end, Health 2020 served as the overarching policy framework and the Regional Office was making every effort to assist countries in implementing Health 2020. Those efforts were closely aligned with the United Nations post-2015 development process and would contribute to the preparation of United Nations Development Assistance Frameworks (UNDAFs) at the country level. Investment in highly cost-effective public health interventions, both within health systems and at population level, was essential. The Health 2020 targets and monitoring framework would be used to measure progress and ensure accountability.

Improving health equity required a life-course approach. Evidence showed that early childhood development and measures to integrate health and social welfare through multisectoral collaboration were particularly important. With regard to child and adolescent health, although substantial progress had been made, discrepancies persisted. Comprehensive policies introduced by Member States and efforts to improve the quality of care had yielded positive results, particularly in the Caucasus and

[1] The Millennium Development Goals Report 2013. New York: United Nations; 2013 (http://www.un.org/millenniumgoals/pdf/report-2013/mdg-report-2013-english.pdf, accessed 19 January 2015).

Central Asia. Progress had also been made with regard to maternal health and the introduction of modern, effective contraception and the promotion of sexuality education had contributed to a reduction in unwanted pregnancies in the Region. Sexual and reproductive health rights would be a focus for the Regional Office in future.

NCDs were the main cause of the disease burden in the European Region, and 80 per cent of premature mortality was considered to be preventable. The Regional Office had therefore focused its efforts on strengthening intersectoral policies and strategies, in line with the Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016, the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2016 and Health 2020. Significant results had been achieved: the chance of dying from heart disease or stroke before the age of 64 had declined throughout the Region. That notwithstanding, disparities between countries remained. There was a strong economic case for action to promote health and prevent disease, and high priority should also be given to the management of NCDs.

Addressing risk factors remained a priority and the Regional Office, in line with the Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020, had finalized the European food and nutrition action plan 2015–2020 and was working on an action plan for physical activity, to be presented to the Regional Committee in 2015.

The European Region had the highest rate of adult smoking among the regions of WHO. Reducing tobacco use therefore remained a priority. The Regional Office welcomed the new EU Tobacco Products Directive (2014/40/EU) and was committed to supporting its implementation. The Protocol to Eliminate Illicit Trade in Tobacco Products was also an important instrument, which Member States were encouraged to ratify. The target of a 30 per cent reduction in tobacco use in Europe could be achieved by 2025, and the Regional Office was committed to eliminating tobacco use in the Region. To that end, an action plan on tobacco, in support of implementation of the WHO Framework Convention on Tobacco Control (FCTC), would be presented for the Regional Committee's consideration at its next session.

On the issue of communicable diseases, despite a strengthened response throughout the Region, unfinished business remained and new challenges were emerging. Combating tuberculosis (TB) remained a priority. Although more than half of estimated TB cases were detected and treatment enrolment had increased to 96 per cent, the treatment success rate was not satisfactory, owing mostly to health system challenges and a lack of new and effective medicines. TB elimination required significant political and scientific commitment. Joint efforts with partners to address HIV/AIDS were yielding positive results: HIV testing and counselling services were increasingly available, and progress was being made towards eliminating mother-to-child transmission. Treatment coverage had increased significantly. However, despite those efforts the epidemic had continued to increase. Targeted interventions must therefore be scaled up and evidence-based policies, including harm reduction for injecting drug users, must be implemented in all countries. A joint working group with the Russian Federation had been established, which was reviewing evidence on harm reduction strategies.

Antimicrobial resistance was considered a serious threat to global public health. In that regard, the Regional Office had been supporting Member States and was working to extend European Antibiotic Awareness Day across the whole Region. For the first time, data had been made available on antimicrobial resistance and antibiotic consumption in a number of countries outside the European Union. Advances had been made in immunization and that pace must be maintained. Concerted efforts were required to tackle challenges such as vaccine refusal and ensuring coverage for high-risk groups, and the Regional Office had finalized the European Vaccine Action Plan 2015–2020 as requested. Outbreaks and continued transmission of measles and rubella were threatening progress towards meeting the 2015 elimination goal. Stronger political commitment was therefore essential. Although the risk of polio transmission remained low in the Region, vigilance was still required, particularly since the international spread of wild poliovirus had recently been declared a public health emergency

of international concern. Malaria elimination by 2015 was within reach, and several Member States had begun to implement the regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases 2014–2020.

The Regional Office was supporting global response efforts to the Ebola virus disease outbreak in West Africa and, to that end, had deployed three staff members, with a further 23 staff preparing for future deployment. Several natural disasters had occurred in recent months resulting in humanitarian crises, such as the severe flooding in the Balkans. The conflict in the Syrian Arab Republic was also having repercussions for the European Region, particularly in southern Turkey. The Regional Office had joined United Nations interagency efforts to provide cross-border assistance and was scaling up its presence in southern Turkey to increase response capacity. Operations to respond to the humanitarian crisis in Ukraine had also been increased and, following a recent successful donor meeting, it was hoped that support could be further accelerated. In that regard, the *International Health Regulations (2005)*[2] provided an excellent legal framework. Member States' input would be sought with regard to the global International Health Regulations (IHR) coordination mechanism for extension of core capacity.

On strengthening health systems, the Regional Office's work with countries had been substantial, with a focus on health outcomes. The fifth anniversary of the adoption of the Tallinn Charter: Health Systems for Health and Wealth had afforded an excellent opportunity to discuss implementation and agree on future directions, reiterating the commitments of the Charter and promoting the move towards universal health coverage. Similarly, the thirty-fifth anniversary of the adoption of the Declaration of Alma-Ata had been a chance to renew the vision of primary health care. The Regional Office had made considerable efforts to support Member States in addressing the health consequences of the economic crisis, with the guidance of 10 key policy lessons and recommendations set at the high-level meeting on health systems in times of global economic crisis. The Regional Office's support to Member States had also included its annual flagship courses, as well as guidance on movement towards universal health coverage. Efforts were being made to improve the Regional Office's information and analytical resources and, to that end, core health indicators were published annually and a number of initiatives to encourage evidence for policy-making were being implemented. A health information web portal was due to be launched as a one-stop shop for health information.

The European environment and health process was an inspiring example of collaboration between sectors to address a key set of environmental determinants that remained responsible for 20 per cent of mortality in the Region. The renewed governance structure, established at the Fifth Ministerial Conference on Environment and Health, had become operational and preparations for the Sixth Ministerial Conference had begun. The process would retain its relevance in the years to come, particularly given the persistent challenges posed by air pollution, chemical contamination, inadequate water and sanitation in parts of the Region, as well as challenges related to new technology and climate change.

The Regional Office had contributed substantially to all aspects of WHO reform, which had been implemented in full throughout the European Region. Efforts had been made to strengthen the role of the Regional Committee and governance structures in the Regional Office. Collaboration had been reinforced with partners and networks at the subregional, regional and global levels. WHO would lead an interagency working group on NCDs and social determinants of health. A guidance note for United Nations Country Teams had been drafted, to promote the inclusion of a prominent health focus in the

[2] International Health Regulations (2005). Second edition. Geneva: World Health Organization; 2008 (http://whqlibdoc.who.int/publications/2008/9789241580410_eng.pdf , accessed 19 January 2015).

development agenda. Work with non-State actors had been increased and close working relationships with Member States had been developed, particularly through country visits, implementation of biennial collaborative agreements and the establishment of country cooperation strategies.

Country offices contributed significantly to the Regional Office's work with, in and for countries, and geographically dispersed offices (GDOs) continued to increase the Regional Office's capacity. A host agreement had been concluded with the Government of Kazakhstan for the establishment of a new GDO for primary health care. An agreement would be signed with the Russian Federation during the current session of the Regional Committee, which would initiate the establishment of a new GDO in Moscow for strengthening health systems for the prevention and control of NCDs. The host agreement with Turkey on the GDO in Istanbul for preparedness for humanitarian and health emergencies was being concluded. A positive working environment was paramount to ensure the good functioning of the Regional Office, which could only be achieved through sustainable funding and prudent management. Significant efforts had been made to improve the Office's technical capacity, funding situation and administrative efficiency. Measures would be taken to consolidate and further strengthen internal management, while improving technical excellence, in order to enable the Regional Office to meet the challenges before it and work towards better health for Europe, more equitable and sustainable.

In the ensuing discussion, representatives commended the Regional Director's report and her excellent leadership of the Regional Office, and expressed gratitude to the Secretariat for its hard work and dedication. The Regional Office's efforts to support Member States, in particular through the provision of technical cooperation for the implementation of Health 2020, were especially welcome. Member States gave further examples of the benefits of successful cooperation with WHO at the national level, and commended the Office's efforts to promote health in all policies, whole-of-government and whole-of-society approaches to achieve universal health coverage. They pledged to continue to support the Regional Office's efforts to improve health and well-being for all in the European Region.

A representative speaking on behalf of the EU and its member countries highlighted growing inequalities in health in the Region, both within and between countries. In that regard, a firm stance should be taken on the need to eliminate all forms of discrimination. Member States of the EU were particularly concerned about the Ebola virus disease outbreak in West Africa and emphasized the need to strengthen preparedness and response in the face of health threats. Increased efforts to address NCDs and their risk factors were welcome and, with regard to communicable diseases, measures to implement the action plans on TB, HIV/AIDS and antibiotic resistance must continue. While the Regional Office's commitment to WHO reform was welcome, the EU remained concerned about the uneven pace of governance reform and, in particular, WHO's engagement with non-State actors. The European Region must find a way to demonstrate control over resolutions. In that regard, the work on the format of resolutions by the Standing Committee of the Regional Committee for Europe (SCRC) subgroup on governance should continue. Previously adopted initiatives should be implemented before new ones were proposed, in order to limit the number of new resolutions adopted and activities subsequently undertaken.

Several speakers endorsed the EU's statement and underscored the broad diversity within the European Region, which meant that a one-size-fits-all solution to health challenges would not be effective. Health inequities, within and between countries, were particularly worrying. Despite its modest budget, the Regional Office must not lose sight of the challenges before it, particularly with regard to the increasing prevalence of multidrug-resistant tuberculosis (MDR-TB) and the continuing HIV/AIDS epidemic. The reduction in the Regional Office's funding did not signify a reduction in the problems to be addressed.

Appreciation was expressed for the Regional Office's efforts to promote maternal, child and adolescent health. The prevalence of nutrition- and physical activity-related NCDs in the European Region was worrying and awareness-raising in that regard was commended. The lead role assumed by

WHO in responding to the Ebola virus disease outbreak in West Africa was welcomed. The outbreak had served to illustrate the importance of continued work to strengthen health systems and improve national capacities for surveillance and response. Renewed commitment to the Tallinn Charter was particularly significant in that regard.

Multilateral cooperation should be enhanced and the establishment of a clear and transparent framework for cooperation with non-State actors was particularly important. The success of the European environment and health process required cooperation within and between Member States and was particularly important if challenges such as the health effects of air pollution were to be overcome. Close collaboration was also essential to address antimicrobial resistance and a unique window of opportunity was available in that regard, which must not be wasted.

A representative speaking on behalf of the 10 Member States participating in the South-eastern Europe Health Network (SEEHN) said that the Regional Office's support had enabled SEEHN countries to foster subregional cooperation to sustain and improve access to public health and health care services, and to respond to health hazards, as demonstrated through the collaborative response to recent flooding in Bosnia and Herzegovina, Croatia and Serbia. The importance of effective communication and governance for improving population health should not be undermined.

Representatives of Kazakhstan and the Russian Federation expressed their commitment to the opening of the two new GDOs in Almaty and Moscow, respectively.

The Regional Director for Eastern Europe and Central Asia, United Nations Population Fund, said that, at a time when the global community was shaping the future development agenda, people in the European Region were living longer and healthier lives than ever before. That progress was in no small measure due to WHO's contribution to advancing the health-related MDGs. The unfinished MDGs agenda meant that close collaboration would be particularly important in the post-2015 period. He welcomed the positive collaboration between WHO and UNFPA and said that UNFPA priorities for the region were consistent with the Health 2020 agenda. UNFPA and WHO should step up their joint efforts, together with Member States, United Nations agencies and civil society, to promote a development framework in which every person counted, including the most vulnerable and marginalized.

In reply, the Regional Director thanked Member States for their expressions of support for the Regional Office's work and for their active cooperation during the five years since she had taken office. She expressed particular appreciation for Member States' guidance on priorities and the way forward. While progress had been made on many fronts, challenges remained, particularly with regard to health inequities that scarred the Region. The Regional Office would do its utmost to promote equal access to health care for all and, in that regard, a clear message would be given on the need to eliminate discrimination and promote respect for human rights. She reiterated her commitment to tackle NCDs, reduce the burden of communicable diseases, including HIV/AIDS and MDR-TB, and move towards universal health coverage. A productive meeting had been held with Member States, prior to the Regional Committee's current session, regarding collaboration with non-State actors. Member States' guidance in that regard was greatly appreciated. The Regional Office would not lose sight of the challenges before it and cooperation with collaborating centres in countries was a particularly valuable resource. The forthcoming opening of the new GDOs would significantly increase the Regional Office's capacity.

The Regional Committee adopted resolution EUR/RC64/R1.

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

(EUR/RC64/4 Rev.1, EUR/RC64/4 Add.1, EUR/RC64/R2)

The Chairperson of the Standing Committee noted that the Twenty-first SCRC had met five times since the 63rd session of the Regional Committee. The SCRC had focused on preparing the current session of the Regional Committee, making its own work more transparent and ensuring the active involvement of all European Member States in the governance of the Organization. With regard to the session of the Regional Committee, the SCRC had advised the Regional Director that three items (the partnership strategy, the strategy for working with countries and the health information systems framework) would need to be deferred to later sessions, partly in order to avoid pre-empting discussions taking place at the global level and partly in view of time constraints. Instead, these items would be covered by information documents and technical briefings.

The SCRC had set up three subgroups to allow more in-depth discussion of three important matters: implementation of the Health 2020 policy framework, strategic budget space allocation and governance reform. The subgroup on Health 2020 had reviewed engagement with other sectors, in line with a whole-of-government approach, as well as the operationalization of the European Action Plan for Strengthening Public Health Capacities and Services, and the further work that had been done on qualitative indicators and objective indicators of well-being. The subgroup on strategic resource allocation had drafted guiding principles at three levels (global, regional and country) that had served as valuable input to the deliberations of the Executive Board and the working group on strategic resource allocation of the Programme, Budget and Administration Committee (PBAC).

The SCRC had also exercised an oversight function in relation to budgetary and financial management, reviewing the WHO Regional Office for Europe's performance assessment report 2012–2013 and discussing the Secretariat's analysis of funding and implementation of the first six months of the current programme budget. With regard to development of the proposed programme budget 2016–2017, the Standing Committee had advised that a clear "bottom-up" planning process was required. Lastly, the SCRC had also, as in previous years, proposed to heads of delegations a short-list of nominees for membership of the Executive Board, the SCRC and other bodies.

As further described by the Standing Committee member from France, the SCRC subgroup on governance had drawn up two templates for draft resolutions, covering their strategic value and links with global priorities and Health 2020, as well as their financial and administrative implications. It had also developed a tool (incorporating two additional criteria) designed to achieve more transparency and harmony in the nomination procedures for membership of the Executive Board and the Standing Committee; that tool was being piloted at the current session and should be fine-tuned by the Twenty-second SCRC. The subgroup had also recommended steps to further increase the involvement of Member States in the work of the Regional Office and the SCRC, such as the webstreaming of briefing sessions and facilitating the participation of civil society organizations in future sessions of the Regional Committee.

The outgoing SCRC member from the Russian Federation paid tribute to the positive and friendly atmosphere that prevailed in the Standing Committee. The efforts made by the SCRC's subgroup on governance to increase transparency and foster Member States' involvement should be extended to subregional structures and networks.

A former member of the SCRC appreciated the work done by the Standing Committee in rationalizing and streamlining the agendas of Regional Committee sessions. Further improvement and use of the tool developed by the subgroup on governance should be done in a clear and transparent manner.

The Regional Committee adopted resolution EUR/RC64/R2.

WHO reform – implications for the Regional Office for Europe

Overview of the impact of the WHO reform on the work of the Regional Office for Europe

(EUR/RC64/16)

The Regional Director reported on overall progress in programmatic, governance and managerial reform. With regard to the first element, the European Region's perspective on the global proposed programme budget 2016–2017 had been developed through a bottom-up planning process, incorporating key priorities and needs identified by countries. Unfortunately, Member States had had limited time for in-country consultations and priority-setting. Nonetheless, the Regional Office had made significant efforts to engage with countries in carrying out a robust health situation analysis within the framework of Health 2020 and the Twelfth General Programme of Work 2014–2019, as well as making a careful review of regional public goods (such as established policies, plans and statutory requirements) and costing outputs at the level of delivery.

In the area of governance reform, consensus had been reached in the global governing bodies on measures such as capacity-building and training for members of the Executive Board, electronic access to governing body meetings, minimal use of paper documentation, and an electronic voting system for appointment of the Director-General. The Executive Board did not reach agreement, however, on how to limit the number of agenda items to be considered at its January session each year. The two practices instituted in the European Region in 2010 (the use of a rolling agenda for Regional Committee sessions with a multiyear focus and systematic review for "sunsetting" resolutions) could ensure a more strategic approach to managing the agendas of the governing bodies.

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. While it was reasonable to expect that the 2014–2015 programme budget would be fully funded, the overall financial picture masked shortfalls in some programmes, countries and major offices, not least in the European Region. Following input from the regional committees, an updated proposal for a strategic budget space allocation methodology would be provided to Member States by mid-December 2014 before being presented to the PBAC in January 2015. As noted earlier, significant parts of the PBAC's report to the Sixty-seventh World Health Assembly had been inspired by the work of the SCRC subgroup on strategic resource allocation.

In the discussion that followed, all speakers expressed their strong support for the progress made thus far and emphasized the need to continue to rigorously pursue the reform agenda. WHO must now focus on the remaining areas in which insufficient progress had been made – such as reforms to the

working methods of the Executive Board and the World Health Assembly, clear priority setting and ensuring that meetings were more sharply focused on themes relevant to all 194 Member States. The ongoing Ebola virus disease outbreak made all too clear the importance of WHO being in a position to grapple with new challenges swiftly, flexibly and comprehensively.

Human resources reform was particularly important in the light of WHO's nature as a knowledge-based Organization, and one speaker asked for concrete proposals on staffing reforms to be presented at the next sessions of the Executive Board and the World Health Assembly.

There was an urgent need for much greater progress on enabling WHO to cooperate with all actors in global health, given the significant influence that non-State actors had on the health of populations and the fear that WHO risked becoming sidelined if it failed to adapt.

Several speakers called for further institutionalization of the Global Policy Group, the establishment of which had resulted in improved harmonization between WHO headquarters and its regions.

In response, the Regional Director agreed that the Global Policy Group provided an important new means of interaction between regional offices, helping to ensure coherence in the Organization. Technical area networks had been set up under the leadership of the assistant directors-general, an important step towards ensuring an integrated, coherent approach in technical areas. Reform and governance must remain on the agenda of WHO until the reform process had been completed.

The Director-General recalled that governance of WHO was in the hands of Member States. They, too, must exercise discipline and be mindful of their calls for greater focus and efficiency when proposing the introduction of new agenda items or areas of work. Some improvements had been made to internal links and organizational coherence, and she encouraged Member States to continue to ask her to consult with the regional committees.

Involvement of non-State public health actors was greater at country level than at global level – not a single health issue was being tackled at country level without the involvement of civil society, academics and the private sector. While some regions promoted such engagement, others were apprehensive about potential conflicts of interest. Transparency and clear rules of engagement were the means of protecting against such problems. She urged Member States to take action at country level in the event that the global debate on the issue could not be concluded promptly. WHO could help by providing guidelines for Member States on how to engage with non-State actors in such a way as to avoid their exerting undue influence. The mandate that she had been given under the NCDs agenda to set up working groups with the private sector, nongovernmental organizations (NGOs) and others might be used to pilot such a mechanism and give confidence to countries that were hesitant. The world would otherwise move on without WHO.

She acknowledged the importance of strong technical capacity and the attention paid to human resources policy reform, and advocated staff mobility and rotation. She also acknowledged the call for institutionalization of the category and technical area networks, which were being used for planning; a document would be presented to the governing bodies setting out the lessons learned from those networks. Technical experts also needed to be brought in to the Global Policy Group framework.

Proposed programme budget 2016–2017 and regional perspective

(EUR/RC64/17, EUR/RC64/18, EUR/RC64/23 Rev.1)

The Assistant Director-General, General Management, reported that the proposed programme budget 2016–2017 had been developed, as requested by Member States, using a robust bottom-up planning process with realistically costed outputs based on clear roles and responsibilities across the three levels of WHO. The Director-General had been clear that the overall budget must be stable at around US$ 4 billion: spending priorities would therefore be adjusted within that total. Country-level

priorities had been identified and incorporated for the first time, albeit with some limitations due to time constraints. Those priorities had then been assessed in the light of how well placed WHO was to implement actions compared to other actors. Work had been done to identify roles and responsibilities at all the three levels of WHO. Changes in programme emphasis included an increased focus on: emergency preparedness, surveillance and response; regulatory capacity and health systems information and evidence; obligations under the *International Health Regulations (2005)*;[3] ending preventable maternal, newborn and child deaths; and global action to address the threat of antimicrobial resistance.

In accordance with the new priorities, there were increased resource requirements for emergency preparedness, surveillance and response capacities; for strengthening health systems, regulatory capacity and information and evidence; for ageing and health; and for mainstreaming issues related to gender, equity, human rights and social determinants of health. High investments in NCDs remained consistent with increases in mental health problems, substance abuse, violence, injuries and disabilities.

In order to maintain a stable overall budget envelope, those increases were counterbalanced by decreases in the programme areas for HIV/AIDS, tuberculosis and vaccine-preventable diseases.

Although those areas continued to be a problem in the European Region, resources were available through The Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance. The allocation for communicable diseases had also decreased, not because WHO was withdrawing from that area, but because it was shifting away from implementation and towards assistance further upstream, which was less resource-intensive. Although funding for emergencies and polio had been cut, there remained some flexibility in the form of response to disease outbreaks. The distribution between the major offices was based on the initial assumption of a stable overall budget envelope for each major office; however, some changes would be seen owing to priority setting.

The Director, Division of Administration and Finance, said that the proposed programme budget 2016–2017 was fully in line with and integrated into the results chain and category framework from the Twelfth General Programme of Work and was based on country consultations, not only with those countries where WHO had country offices but also with those where it did not. Consultations with Member States now featured earlier in the process than before and the process was iterative.

Regional public goods had been developed through bottom-up planning from the technical division level. Resolutions defined a large element of the work. Global technical networks had successfully constituted an integral part of the planning process. Health 2020 underpinned the planning process, and biennial collaborative agreements and country cooperation strategies were key to Health 2020 implementation.

Lessons learned from the assessment of the Regional Office's performance in 2012–2013 had fed into the proposed programme budget 2016–2017. Although funding overall was acceptable, it was uneven among programme areas. The financing dialogue would address the problem of underfunding, but it would not be solved overnight. The European Region's pilot exercise with key priority outcomes had been well received and had helped the Secretariat to target its efforts. It had also influenced the global process, as reflected in the Twelfth General Programme of Work.

[3] International Health Regulations (2005). Second edition. Geneva: World Health Organization: 2008, (http://www.who.int/topics/international_health_regulations/en/, accessed 19 January 2015).

The Regional Office continued to depend heavily on locally raised voluntary contributions. It was hoped that the financing dialogue, together with the new resource mobilization strategy, would help to coordinate fundraising. Furthermore, national capacity had been cited by several countries as an impediment to attaining set objectives. Countries had been consulted in order to identify 10 priorities at country level, and the costed outputs had then been incorporated into the proposed programme budget. Categories 2 and 4 were most in demand, in line with Health 2020.

The bottom-up planning process had resulted in a budget 18% higher than originally agreed. In order to maintain the priorities outlined in that process, adjustments had been required: first by removing specific large-scale country-based projects that were still uncertain or under negotiation, and then by reducing the remaining allocations proportionately across the board. In line with the reform process, substantially more resources would be assigned at country level. In order to maintain a stable overall budget, an increase in one category necessarily entailed cuts in others. In accordance with identified priorities, it was accordingly proposed to reduce categories 1, 3 and 4 in order to allow for increases in categories 2, 5 and 6. At the macro level, the financial outlook for 2016–2017 was optimistic.

Representatives welcomed the proposed programme budget 2016–2017, which had been maintained at the same level as 2014–2015, despite the increased resources allocated to implementation of IHR (2005), health systems strengthening and neglected tropical diseases. They likewise commended the bottom-up planning process, although more explanation was needed on the way in which priorities would be addressed at the various levels of the Organization, how the planning process would operate in countries with no country cooperation strategy and how country offices should finance the necessary risk management and quality assurance activities. Greater provision should be made for risk management and internal oversight under category 6 (Corporate services/enabling functions), and cost savings and improvements in efficiency should be made to offset the increase in the budget for management and administration costs. The budgetary impact of resolutions adopted in previous bienniums should be made clear in the document. A draft of the programme budget for 2016–2017, with standardized costings for outputs rather than outcomes, should be sent to Member States for consideration in good time before the next session of the Executive Board in January 2015.

Representatives welcomed the regional performance assessment report of the 2012–2013 programme budget, which had given an overview of the work performed and the financial situation during the biennium.

A number of representatives expressed concern about the proposed reduction in the budget for activities related to environment and health, which had been identified as a priority at the WHO Conference on Health and Climate (Geneva, 27–29 August 2014). Another representative noted that the budgets allocated for communicable diseases and outbreaks had been reduced – a decision that would need to be carefully explained to the public in the light of the current outbreak of Ebola virus disease. Others asked why the budget for alert and response capacity and outbreak and crisis response had not been increased.

The Assistant Director-General, General Management, and the Director, Administration and Finance, replied to the points raised. Revised output indicators and the financial implications of resolutions adopted in earlier bienniums would be included in the proposed programme budget 2016–2017 before the document was submitted to the Executive Board. Standardized costings were available for many budget items, including staffing, travel, meetings and procurement. Other items varied so widely between projects that a standardized costing would be meaningless.

The issue of climate and health was an undisputed priority, but it was not necessarily best measured by financial allocations alone. The budget allocated for emergency risk and crisis management had been greatly increased, in order to enhance countries' capacity to respond to disease outbreaks or other adverse events. There would then be less of a need to reserve funds to respond to acute outbreaks of disease.

As part of strengthening the internal control framework, a new unit – the Compliance, Risk Management and Ethics Office – had been established under the Office of the Director-General (DGO). In addition, resource mobilization had moved to DGO from the former Department of Planning, Resource Coordination and Performance Monitoring to ensure better coordination of resource mobilization activities.

The Regional Director, summing up, noted Member States' emphasis on the need for a budget that was based on the costings of products delivered by the Secretariat. A number of the priorities highlighted by Member States could be effectively pursued with input from WHO partners and collaborating centres, such as the WHO European Centre for Environment and Health in Bonn, Germany, and the new GDO for primary health care in Almaty, Kazakhstan. The Region's existing capacity with regard to preparedness for disease outbreaks and other emergencies would be strengthened by the GDO for preparedness for humanitarian and health emergencies soon to be established in Istanbul, Turkey.

Strategic budget space allocation

(EUR/RC64/20, EUR/RC64/25)

The Assistant Director-General, General Management, informed the Regional Committee that the Executive Board at its 134th session in January 2014 had agreed to establish a Working Group on Strategic Resource Allocation, composed of six members of the PBAC and chaired by the Chairperson of the PBAC, the Executive Board member from Belgium. The Working Group had held a teleconference on 17 February 2014 and a face-to-face meeting on 23–24 April 2014. The provisional proposal and recommendations of the Working Group had been discussed at the twentieth meeting of the PBAC and had been considered at the Sixty-seventh World Health Assembly in May 2014. The Executive Board in decision EB135(1) had endorsed the PBAC's recommendation to maintain the current membership of the Working Group and had agreed that its name should be changed to Working Group on Strategic Budget Space Allocation.

As discussed by the Working Group, the scope of the strategic budget space methodology should encompass both assessed and voluntary contributions at all three levels of WHO, in support of the Organization's one workplan and one budget. The key principles that could guide the development of the methodology were that it should be based on needs and evidence, incorporate results-based management, be conducted in a spirit of fairness and equity, ensure accountability and transparency, set out clear roles and functions at the three levels, and offer an incentive to performance improvement.

For the purpose of developing the methodology, WHO's work had been divided into four operational segments: technical cooperation at country level; provision of global and regional public goods; administration and management; and emergency response. The third segment included a high fixed-cost component with little scope for savings. Given the event-driven nature of outbreak and crisis response and a well-functioning resource allocation mechanism, any new methodology might not apply to the fourth segment.

In the first segment, on the other hand, it was proposed to determine the profile of each country, taking into consideration such criteria as the human development index, immunization coverage and proxy indicators for technical categories in the General Programme of Work, weighted by a population factor and aggregated at regional level. That would allow the allocation to be distributed across the six WHO regions, based on the total allocation to the countries in each Region. The allocation of budget space to support technical cooperation at country level would then be based on bottom-up planning.

There were two categories of programmes or functions in the second segment: mandatory functions and long-term commitments (such as the Codex Alimentarius Commission) and other functions or

priorities driven by need. Allocation of budget space to the former category could be based on current and historical patterns, while the latter would take account of criteria such as the General Programme of Work, global and regional needs and priorities, resolutions adopted by WHO's governing bodies, and WHO's comparative advantages.

The Working Group had recognized the interdependency of strategic budget space allocation and a number of other WHO reform initiatives, such as the work on bottom-up planning, the identification and costing of outputs and deliverables, the definition of the roles and functions of the three levels of the Organization, and the review of the financing of administration and management costs. The Working Group had emphasized that the Secretariat needed to continue to apply some of those initiatives in the preparation of the proposed programme budget 2016–2017.

The Secretariat was currently applying the principles and criteria in order to develop different models for discussion with the Working Group. Following receipt of input from regional committees, a face-to-face meeting of the Working Group would be held in early November 2014 to review the models developed and provide guidance to the Secretariat. Member States would be provided with an updated draft proposal in mid-December 2014, and the Secretariat would then present a proposal to the PBAC and Executive Board in January 2015.

The Chairperson of the SCRC's subgroup on strategic resource allocation reported that the subgroup had proposed overall guiding principles and criteria for each of the four segments, which had been summarized in a report that had been approved by the SCRC and transmitted by the Chairperson of the SCRC to the Chairperson of the global Working Group. The subgroup's work greatly supported and informed the global thinking on those complex matters.

The subgroup noted that the two global documents under consideration at the current session (documents EUR/RC64/20 and EUR/RC64/25) essentially summarized the deliberations up to the Sixty-seventh World Health Assembly in May 2014. It hoped that the forthcoming meeting of the Working Group in November 2014 would develop a concrete mechanism for strategic budget space allocation and test it with real-world budget allocations. The subgroup also believed that the budgetary impact of approved resolutions should be explicitly reflected in the four segments because they greatly limited the ability to manoeuvre in making substantial shifts in budget allocation among major offices.

The subgroup emphasized the importance of having a concrete proposal to consider at the PBAC meeting and the Executive Board session in January 2015. In conclusion, given that the work on strategic budget space allocation was not finished, he recommended that the SCRC should consider extending the mandate of its subgroup.

Representatives of Member States recognized the potential problems involved in the preparation of the proposed programme budget 2016–2017, since the implications of categorizing the budget by operational segments had not been fully explored. The Secretariat was urged to engage in extensive consultations with Member States. One speaker doubted that it would be possible to find a solution that all regions would regard as fair, since none of the previous attempts based on rigid formulae had proved to be sustainable. She therefore suggested that the proposed programme budget 2016–2017 should be prepared in the same way as previous ones, to allow more time for consultation and the elaboration of a flexible budget space allocation model.

In reply, the Assistant Director-General, General Management, confirmed that reform initiatives on which consensus had been reached (such as division of functions between the three levels, costing and bottom-up planning) could be incorporated into the preparation of the proposed programme budget 2016–2017. He agreed that it would be important to draw lessons from historical budget allocation practices within the Organization. The widest possible consultations with Member States would be undertaken in preparation for the Executive Board session in January 2015.

Framework for engagement with non-State actors

(EUR/RC64/21, EUR/RC64/22)

The Senior Adviser, Office of the Director-General, said that WHO was mandated by its Constitution to engage with non-State actors and had always endeavoured to do so. Challenges in that regard, however, had been apparent since the first World Health Assembly. A reform process on engagement had been initiated, in which concepts had been discussed and a framework for engagement had been drafted. Further discussions and revisions to the draft would be required before full consensus could be reached. The draft framework set out specific policies and operational procedures for engagement with NGOs, private sector entities, philanthropic foundations and academic institutions, each based on five types of interaction (participation, resources, evidence, advocacy and technical collaboration). Following the adoption of World Health Assembly decision WHA67(14) on the framework of engagement with non-State actors, Member States had raised questions regarding conflicts of interest, due diligence, the contribution of financial resources from private sector entities to WHO, secondments, applicability of provisions of private sector policy to non-private sector entities, official relations and boundaries on engagement. Regional committees were invited to discuss the progress report and the draft framework as submitted to the Sixty-seventh World Health Assembly, contained in document WHA/A67/6, and to report on their deliberations to the Sixty-eighth World Health Assembly through the Executive Board.

A representative of Norway said that on 14 September 2014 an informal consultation had been held with Member States to discuss the draft framework for engagement with non-State actors. The following proposed statement on the European Region's position on the issue had been drafted for inclusion in the report of the President of the 64th session of the Regional Committee to the Executive Board:

> "The WHO and its good name are precious to us, and we, the Member States of the European Region, will work diligently and attentively with the Secretariat to ensure it remains relevant and effective in the 21st century. To this end, recalling our readiness to adopt it during the Sixty-seventh World Health Assembly, we strongly urge adoption of the draft framework for engagement with non-State actors at the Sixty-eighth World Health Assembly in 2015.
>
> We acknowledge that some further improvements could be made, with the aim of increasing clarity, including in the following areas:
>
> – the management of conflicts of interest
> – the process and timetable for evaluation.
>
> We advise strongly against trying to perfect every detail, preferring instead to begin work, trusting in the wisdom of the governing bodies to oversee the operation of the framework in practice and continue to improve it.
>
> We look forward to receiving the updated framework by 15 December 2014, and would request the Secretariat to address it at the planned mission briefing in mid-December 2014 with web access for Member States."

Representatives welcomed efforts to increase transparency in WHO's work with partners and acknowledged engagement with non-State actors as an important aspect of the WHO reform agenda. Multisectoral partnerships with both governments and nongovernmental actors were essential to promoting better health. Non-State actors often made substantial, unearmarked voluntary contributions to the Organization and their participation in efforts to address complex health issues would leverage knowledge and expertise, allowing WHO to engage with all stakeholders in the global health arena. The draft framework, including a revision process at a later stage, should be adopted as soon as possible. The framework should be flexible and relevant and continue to meet the needs of all concerned. Particular attention should be paid to managing the risk of conflict of interests and ensuring due diligence with regard to fundraising and resource allocation. The informal meeting had afforded

the opportunity to consolidate the position of the European Region and to draft a clear message for submission to the Executive Board: the resulting statement was fully supported by the Regional Committee.

A statement was delivered by a representative of the International Alliance of Patients' Organizations, also speaking on behalf of Alzheimer's Disease International, the International Confederation of Midwives, the World Federation of Acupuncture-Moxibustion Societies, the World Federation of Occupational Therapists and the World Organization of Family Doctors Europe. A statement was submitted by the International Baby Food Action Network.

The Senior Adviser, Office of the Director-General, thanked the Regional Committee for its constructive approach and guidance and said that the global and regional secretariats were working hand in hand to move the draft framework forward. Background information was available on the WHO reform website, which was updated regularly. Further work would be done with regard to conflicts of interest, which would be included in the forthcoming mission briefing. The period between the circulation of the revised draft framework in December 2014 and the Executive Board's meeting in January 2015 would be a key opportunity to refine the draft even further.

The Executive President commended the clear and firm statement from the Region, which he said would be included in extenso in the report of the President to the Executive Board.

Address by the WHO Director-General

The Director-General addressed the Regional Committee, describing the effects of the current outbreak of Ebola virus disease in West Africa (Guinea, Liberia, Sierra Leone) and also affecting other African countries. The populations of entire villages had died or fled their homes: dead bodies remained unburied and orphans could find no-one willing to take them in. Hospitals had been overwhelmed and, in some areas, health services had broken down entirely. The number of new cases was increasing exponentially and, to date, almost 300 health-care workers had been infected and approximately half of them had died, which had further reduced the already low response capacity of the countries concerned.

The outbreak highlighted the growing social and economic inequality of a world in which the rich received the best possible care while the poor were simply left to die. Fear, panic and rumours were spreading almost faster than the virus itself, extending social disruption and economic losses far beyond the countries directly affected. In the 21st century, societies were more interconnected and interdependent than ever before, which meant that a threat to one society was a potential threat to the whole world.

In the area of health, decades of neglect of basic health systems and services had deprived the population of the resilience it needed to withstand adverse health events. Mortality from unrelated conditions had increased in the areas affected by the outbreak. There was no vaccine and no cure, even though Ebola virus disease had first been observed almost 40 years before: there was little incentive to conduct research and development for a disease occurring primarily in poor African countries. A profit-driven industry would not invest in products for markets that could not pay. The Consultative

Expert Working Group on Research and Development: Financing and Coordination (CEWG) had long sought to raise awareness of the issue, which had now finally reached the headlines.

It was worrying, therefore, that so many Member States had yet to build the core capacities required under the IHR. WHO must continue to press for the inclusion of health and health systems in the post-2015 development agenda, as well as correcting a number of internal weaknesses as part of its organizational reform. Nevertheless, WHO could act both fast and effectively: only a few weeks before, it had brought together the world's leading experts on the use of experimental medicines and vaccines. Testing of Ebola virus disease vaccines on human volunteers had already begun and it was hoped that two vaccines would be ready for progressive introduction towards the end of 2014. Efforts were also being made to develop around 10 new drugs as quickly and safely as possible.

In closing, she referred to the many other important health issues on WHO's agenda, such as Health 2020, NCDs, immunization, and investment in child and adolescent health. In addition, antimicrobial resistance, viral hepatitis and the final push to eliminate poliomyelitis were of particular significance for the European Region.

Representatives expressed their concern at the outbreak of Ebola virus disease in Africa and conveyed their condolences to those affected, their families and the humanitarian and health workers who cared for them. They welcomed the Ebola response roadmap issued by WHO and the appointment in August 2014 of the Senior United Nations System Coordinator for Ebola Virus Disease, emphasizing the importance of collaboration between United Nations agencies.

The outbreak amply demonstrated the importance of investing in robust health systems and training and protecting the health workforce. Transport links to the affected areas must be maintained and, where necessary, re-established in order to respond effectively to the outbreak and reduce the negative effects on their economies. Full implementation of the IHR, particularly in the countries bordering those currently affected, would help to contain the spread of the disease. In the long term, action to counter antimicrobial resistance would be essential in order to control Ebola virus disease and many other diseases.

Although health remained primarily the responsibility of national governments, WHO could provide valuable expertise, networking and coordination to help them tackle health challenges. The world needed a strong WHO that could act quickly and was not afraid to replace outdated and inefficient structures and procedures with better ones.

A representative speaking on behalf of the EU and its member states reported that the EU had donated the sum of €11.9 million in August 2014, followed by a response package of €140 million for patient care, support for health workers, contact tracing and strengthening of national health systems. A high-level European meeting on Ebola virus disease had taken place in Brussels, Belgium, on 15 September 2014.

Other representatives said that the seriousness of the outbreak must not be allowed to overshadow other issues of concern. They included: antimicrobial resistance, which had been the subject of the Ministerial Conference on Antibiotic Resistance: Joining Forces for Future Health (The Hague, Netherlands, 25–26 June 2014); WHO reform, especially the issue of relations with non-State actors; and non-discriminatory access to health services, with particular reference to services for lesbian, gay, bisexual and transgender persons.

The Director-General thanked the EU and its member states that had pledged humanitarian aid. Air and other transport links with affected countries had been almost entirely broken off, which had caused serious economic losses and prevented the delivery of lifesaving medical and humanitarian supplies: she commended the President of Ghana, who had reopened Accra airport for humanitarian flights. Another major concern was the lack of health-care workers who were not only properly trained

but also disciplined enough to apply the necessary personal infection prevention measures – a problem that might be overcome by deploying military medical personnel.

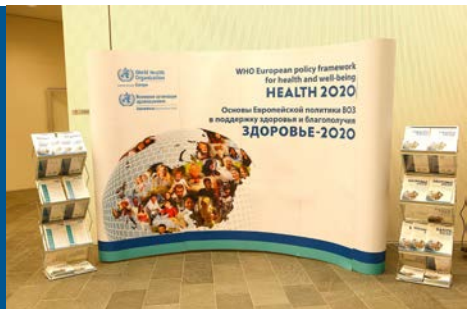
WHO could provide technical guidance, but Member States must have confidence in the Organization and allow it to act. The activities of CEWG necessarily involved collaboration with non-State actors, including the pharmaceutical industry. It was essential to find a framework for that collaboration that would reassure Member States there would be no conflict of interest.

WHO World No Tobacco Day award ceremony

The Regional Director explained that every year WHO recognized individuals or organizations in each of its six regions for their accomplishments in the area of tobacco control. A WHO Director-General's Special Recognition certificate had been presented to the President of Turkmenistan and a World No Tobacco Day European Region award would be given to the Prime Minister of the Republic of Moldova for adopting strong tobacco control legislation.

The Director-General presented World No Tobacco Day 2014 awards to the European Commission and the Irish and Lithuanian Presidencies of the Council of the European Union in recognition of their determined advocacy of the revision of the EU Tobacco Products Directive (2014/40/EU), which had been vigorously opposed by the tobacco industry. Accepting the award, Dr Andriukaitis, the former Minister of Health of Lithuania, drew attention to the challenge posed by the increasing use of electronic cigarettes and pledged to continue his close collaboration with WHO.

First report on the implementation of Health 2020



(EUR/RC64/8 Rev.2)

Participants were shown a short film on Health 2020, which was to be made available on the Regional Office website as part of the Health 2020 implementation package.

The Regional Director reported on the implementation of the Health 2020 policy framework in the period 2012–2014. The Regional Office had worked with countries to update their national health policies, strategies and plans to align with the new policy framework. Capacity-building and support activities had raised awareness of Health 2020 and of the evidence and recommendations derived from the Regional Office's research studies. Three major studies – on social determinants of health, governance for health, and the economics of prevention – had been published.

She had met many senior government officials to discuss health from whole-of-government and whole-of society perspectives. The Regional Office had promoted relations with international partners, including United Nations bodies and EU institutions, global health partnerships such as the GAVI Alliance and the Global Fund, and nongovernmental and civil society actors.

The Director, Division of Policy and Governance for Health and Well-being, said that fine words changed nothing without practical implementation. Capacity-building in-house and on the ground had focused on ensuring a flexible approach to implementation of Health 2020 that would enable Member States to navigate their way from different starting points, using coherent frameworks and comprehensive approaches. He urged Member States to remember those who were on the outside, beyond the reach of institutions, policies, health supportive environments, and even without a voice, who remained unheard. The continuing leadership on and commitment to implementation of Health 2020 that were in evidence were grounds for optimism.

A member of the Standing Committee reported that the SCRC subgroup on Health 2020, which he chaired, had been set up to review progress on the implementation of Health 2020 and had met face-to-face on three occasions. The subgroup on Health 2020 had focused on multisectoral action, national health policies, strengthening public health through the Health 2020 framework and streamlining. The sheer volume of multifaceted activities being undertaken by the Regional Office had been impressive and the Regional Director's strong leadership had resonated through every aspect of the Office's work. Training for heads of country offices and the establishment of a group of accredited consultants had been among the major investments made to strengthen the Regional Office's capacity to support the implementation of Health 2020. Whole-of-government and whole-of-society approaches reaching out to the education, finance and social sectors were crucial. The introduction of country roadmaps with helpful typology of national health policies and key strategic entry points was particularly welcomed and the work to strengthen public health capacity was encouraging. The subgroup had also appreciated being kept informed on the process of finalizing Health 2020 indicators.

In the discussion, the many representatives who spoke unanimously agreed on the usefulness of Health 2020 and expressed their appreciation for the many and varied forms of support that they had received from WHO. States were implementing Health 2020 in different ways and with different priorities depending on national circumstances: some had focused on developing fully fledged national health policies or on the prevention of NCDs and others had reported progress on health systems, public health or hospital reform or had established universal health coverage for the first time. The vast majority of speakers described how Health 2020 had aligned to and shaped their national health strategies and, in many cases, strategy documents in other policy areas.

The establishment of whole-of-government committees as a means of fostering multisectoral approaches to public health was reported by many representatives, with some Member States embracing to varying degrees the involvement of non-State actors. It was suggested that the Health in All Policies approach would be a useful tool when implementing Health 2020.

Eight Member States in the WHO European Region, with a country population of less than two million, had participated in the First High-level Meeting of Small Countries (San Marino, 3–4 July 2014), attended by the Regional Director. Many of them expressed their appreciation for Health 2020 as a framework for the development of national health policies, not just health services improvement plans. The eight countries had agreed to cooperate intensively on the challenges they shared on account of their small populations and had committed to implementing Health 2020, building capacity for change, and learning from their experiences; filling the gap in international literature on health-related policy-making, which largely ignored small countries.

Speakers from several Member States underscored the importance of the 11th Nordic Health Promotion Conference that had resulted in the Trondheim Declaration, which was aligned with Health 2020 and identified as key areas: addressing the fundamental causes of health and well-being;

interactive governance and genuine commitment to implementation; comprehensive evidence and knowledge; and socially sustainable communities and health community development. More progress needed to be made on reducing social and health care inequalities; inequity in health and well-being was a political choice, not an inevitability.

Several representatives spoke about the need to tackle migration and health. Migration placed considerable strain on the health systems capacity of numerous Member States in the Region and was closely related to inequalities in health. Tackling migrants' health meant strengthening the health sector capacity and required a whole-of-government approach and, for that reason, the WHO European Region should deal with migration and health within the framework of Health 2020. The establishment of a public health and migration unit within the WHO European Office for Investment for Health and Development in Venice, Italy, was a positive step. One representative asked for the establishment of a task force on migration and health. Another proposed putting migration and health on the agenda of the Regional Committee's next session as a topic of special interest. Several representatives commented that the affordability of medicines merited attention. One speaker referred to the Tallinn Charter in the context of health systems reform and expressed appreciation for the support on policy dialogue, such as that on hospital reform.

Statements were made by the International Federation of Medical Students' Associations and the International Alliance of Patients' Organizations. Written statements were submitted by EuroHealthNet, the International Society of Physical and Rehabilitation Medicine, the World Confederation for Physical Therapy and the World Federation of Acupuncture-Moxibustion Societies.

The Head, WHO European Office for Investment for Health and Development, said that Health 2020 had passed the "implementability" test and was being taken up by Member States in a variety of ways. Health 2020 had asserted itself as a much-needed and usable framework for improving health outcomes and increasing the performance of institutions in the European Region. Interesting new forms of partnership, exchange and cooperation had been established, which would be central to developing know-how in key areas, such as the whole-of-government and whole-of-society approaches and using an intersectoral approach to tackle health inequities. WHO had a key role to play in facilitating these new cooperation dynamics by systematically sharing lessons learned. To ensure further effective Health 2020 implementation, coordinated and integrated efforts among actors at various levels of policy-making (regional, national and local) would be required. The time had come to organize a conference to discuss Health 2020 implementation with stakeholders across sectors and all levels of government. Such an event would enable Health 2020 to be promoted as an essential element of the equitable and sustainable development agenda and a tool for shaping development for health and well-being.

The Director, Global Health Programme, Graduate Institute of International and Development Studies, Geneva, Switzerland, said that Health 2020 signified a real change that had taken place since health targets had been first introduced in the WHO European Region, and represented a qualitative transformation in public health policy. Member States were developing participatory policies for health and, faced with systemic risks to health and well-being, political momentum in the Region was growing. Health must be promoted as a joint interest of the whole of government and the whole of society. Since many contemporary health problems were by-products of lifestyle, the social determinants of health must be considered in conjunction with the political and commercial determinants. Efforts should be made to invest in the health literacy of parliamentarians and decision-makers, to ensure that democratic institutions gave health the attention it deserved.

The Regional Director welcomed the positive feedback from Member States on Health 2020 implementation. Their overwhelming support demonstrated that Health 2020 had been much needed in the Region. She agreed that the time had come to organize a conference to discuss implementation in greater depth. That suggestion would be taken forward and guidance would be sought from the SCRC on how to proceed. With regard to migration and health, a project had been launched in the WHO European Office for Investment for Health and Development, funded by the Government of Italy, and

steps were being taken to build consensus on an agenda item on the issue for consideration at a future session of the Regional Committee. She reassured Member States that all of the priority areas for Health 2020 implementation would receive sufficient attention.

The Director, Division of Policy and Governance for Health and Well-being, said that the examples of successful Health 2020 implementation were greatly encouraging to the Regional Office. Cognizant of Member States' increasing need for support and advice, the Regional Office was embarking on several initiatives, including holding capacity-building seminars for leaders on the whole-of-government approach. Those initiatives would also provide an opportunity to promote the implementation of all of the recommendations contained in the *Review of social determinants and the health divide in the WHO European Region: final report*.[4]

Elections and nominations

(EUR/RC64/7, EUR/RC64/7 Add.1, EUR/RC64/R3)

The Regional Committee met in private to nominate one candidate for appointment as Regional Director for Europe and four candidates for membership of the Executive Board, and to elect four members of the SCRC, one member of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction, and one member of the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases.

Nomination of the WHO Regional Director for Europe

The Regional Committee adopted resolution EUR/RC64/R3, nominating Ms Zsuzsanna Jakab as the WHO Regional Director for Europe.

The Regional Director declared herself deeply touched and honoured to be nominated for a second term of office. Paying tribute to the collective achievements of her senior management team and all the staff in the Region, she would continue to develop the Regional Office as a centre of excellence to ensure better health for Europe, more equitable and sustainable.

The Director-General thanked the Member States for their expression of confidence in the Regional Director and said that the members of the Global Policy Group, as the elected officials who had been entrusted with the responsibility for leading the organization and ensuring that it was fit for purpose in the 21st century, would continue to make every effort to earn Member States' trust and respect.

[4] Review of social determinants and the health divide in the WHO European Region: final report. Copenhagen: WHO Regional Office for Europe; [updated reprint] 2014 (http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/the-evidence/review-of-social-determinants-and-the-health-divide-in-the-who-european-region.-final-report, accessed 19 January 2015).

Representatives congratulated the Regional Director on her nomination. In January 2010, during her first address to the Executive Board as Regional Director for Europe, she had pledged to make the Regional Office a strong, respected and evidence-based European centre of excellence and innovation in public health and a leader in health policy in Europe, effectively meeting the needs of Member States. Considerable progress had already been made in that regard and the Member States in the European Region firmly believed that the Regional Director's aspirations for the Regional Office would be fulfilled under her able leadership during the coming five years. They pledged their continued support to the Regional Director in the exercise of her renewed mandate.

The Executive President informed the Regional Committee that the Chairperson of the Regional Evaluation Group had made the following observations:

- In relation to "healthy" as a criterion for candidates for the post of Regional Director for Europe, the Group was of the view that consideration should be given either to deleting it or to establishing a requirement that this criterion be assessed through an appropriate mechanism involving a medical evaluation that is handled in a manner consistent with the process for election of the Director-General.
- As to the designation of the Regional Evaluation Group, the Group was of the view that consideration should be given to changing the applicable rules so as to establish a Regional Evaluation Group composed of six (6) members, with a quorum for the conduct of business and decisions of three (3) members.
- Regarding the convening of time-limited oral presentations by candidates, the Group was of the view that candidates, irrespective of number and including cases where there was only one candidate, should generally be provided with the opportunity to make such presentations before all Members States of the Region, in the interests of good process and transparency.

The Regional Committee agreed that the SCRC should consider the suggestions of the Regional Evaluation Group, with a view to proposing recommendations thereon for possible adoption by the Regional Committee at its 65th session in 2015.

Executive Board

The Regional Committee decided that France, Kazakhstan, Malta and Sweden would put forward their candidatures to the World Health Assembly in May 2015 for subsequent election to the Executive Board.

Standing Committee of the Regional Committee for Europe

The Regional Committee selected Germany, Portugal, Romania and Turkmenistan for membership of the SCRC for a three-year term of office from September 2014 to September 2017.

Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction

In accordance with the provisions of paragraph 2.2.2 of the Memorandum on the Administrative Structure of the Special Programme of Research, Development and Research Training in Human Reproduction, the Regional Committee selected Spain for membership of the Policy and Coordination Committee of the Special Programme for a three-year term of office from 1 January 2015.

Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases

In accordance with paragraph 2.2.2 of the Memorandum of Understanding on the Administrative and Technical Structures of the Special Programme for Research and Training in Tropical Diseases, the Regional Committee selected the Republic of Moldova for membership of the Joint Coordinating Board of the Special Programme for a four-year period from 1 January 2015.

Outcomes of high-level conferences

Health systems for health and wealth in the context of Health 2020: follow-up meeting on the 2008 Tallinn Charter (Tallinn, Estonia, 17–18 October 2013)

(EUR/RC64/9)

The Director, Division of Health Systems and Public Health, thanked Estonia for consistently carrying the torch for strengthening health systems. The follow-up meeting had been an opportunity for Member States and key partners to exchange experiences. Key themes that had emerged included: people-centred, coordinated and integrated models of care; human resources for health; and strengthening the public health aspect of health services delivery, including in prisons. A holistic approach was needed for system-wide transformation: people-centred health systems should be established that were sustainable, resilient and affordable, in particular given ageing populations and high-cost medicines. The European Region was not short of ideas about what to do: the Division of Health Systems and Public Health was currently working to provide policy options on how to make that transformational change. A revised self-assessment tool on the Essential Public Health Functions had been developed, and a Russian research institute was to be inaugurated as a WHO Collaborating Centre on Public Health in October 2014.

A member of the SCRC said that notwithstanding the changed economic, demographic and disease contexts in which health systems were now operating, the Tallinn Charter continued to provide both the enduring vision and the operational guidance that Member States needed. SCRC members were committed to participating actively in the development of: the final report on implementation of the Tallinn Charter; a document on “the way forward in health systems strengthening up to 2020”; and a resolution describing Member States’ priorities for health systems and the role of WHO. The SCRC had established a core group that would help monitor implementation progress with respect to the Tallinn Charter and prepare the final report.

Many representatives thanked Estonia for hosting the conference and paid tribute to the role of the Tallinn Charter in keeping health systems high on the Region’s agenda. Many representatives also described ways in which the Tallinn Charter had been helpful to them in implementing their national policies and health system reforms, and expressed appreciation for the various forms of technical support that had been provided by WHO. The representative of the host country thanked all those who had supported and participated in the conference and expressed satisfaction that the seven commitments made in the Tallinn Charter were being actively implemented.

The global financial situation had imposed constraints, but the urgency and impetus lent by the financial crisis had also provided an opportunity to drive through reform. Several representatives described the progress made towards rolling out universal health coverage in their countries, which once in place served not only to protect individuals against poverty, but also protected countries from the macroeconomic costs of inadequate social insurance coverage. Austerity measures should take the form of securing financially viable, well-organized and well-managed health systems, not simply the reduction of health budgets. The question of how to reconcile increasing demand with finite resources also needed to be resolved.

Health systems performance assessment (HSPA) was an important way of fulfilling the commitment to accountability, and HSPA capacity at the Regional Office and in Member States should be strengthened. One representative expressed with particular emphasis her appreciation of the work done to link the Tallinn Process with Health 2020 and other major initiatives; she called on the WHO European Region to provide assistance in strengthening health systems elsewhere in the world. The efforts made to involve Member States in the drafting of the final report at such an early stage, and the establishment of the core group, were welcomed.

The outcomes of a high-level conference organized by Lithuania in November 2013, during its Presidency of the Council of the European Union, went hand in hand with the Tallinn Charter and Health 2020. The Baltic policy dialogue made a systematic contribution to health policy development processes. Equitable and universal access to health care could be achieved only by strengthening primary care: that model's ability to withstand periods of crisis had been demonstrated. A meeting of the Russian-speaking countries in the European Region was planned for October 2014, following the opening of the new WHO collaborating centre in Moscow, Russian Federation, to discuss long-term plans for cooperation in order to realize a European plan of action to strengthen the public health series in the subregion.

Ensuring human resources for health, as well as sufficient and sustainable funding, was vital. Fair pricing of pharmaceuticals must also be addressed, for example, by examining how the pharmaceutical industry could reduce the cost burden. One representative said that the idea of stewardship was implicit in the Tallinn Charter. He looked forward to the launch of the roadmap towards integrated health services delivery. Multifaceted problems required multilevel interventions. Another representative provided some historical context by recalling that the first conference on health systems had been held in 1996; while the core values had remained unchanged since then, the number of reasons for countries to work together in the area of health systems and health services delivery had grown.

A representative speaking on behalf of the Member States comprising the SEEHN noted that the values and principles of the Tallinn Charter were also reflected in subregional pledges. Priorities included: strengthening delivery of health promotion services; strengthening institutions and improving intersectoral governance of the health sector at all levels; harmonizing and enhancing cross-border public health; and strengthening human resources for health, including harmonization of health professional qualifications across the subregion. He also reported that the secretariat of the SEEHN had become self-sufficient.

The Director, Division of Health Systems and Public Health, commended the progress that Member States had made on strengthening and ensuring the future viability of health systems. The Regional Office would continue to provide support and a platform for collaboration. Health systems performance assessment should not be a one-off exercise, but must become embedded in all policies. He stressed the importance of the link between primary health care and addressing major diseases such as NCDs, and emphasized that the new GDOs in Kazakhstan and the Russian Federation would ensure the coordination of support provided to Member States.

The Regional Director said that the follow-up meeting had helped weave together the various aspects involved in making health systems, making them more accountable for health outcomes. She took note

of the need to extend health systems support to countries in other regions and said that the WHO Regional Office for Europe was working on a new methodology that would align health systems performance assessment with Health 2020.

International anniversary conference marking 35 years of the Declaration of Alma-Ata on primary health care (Almaty, Kazakhstan, 6–7 November 2013)

(EUR/RC64/10)

The Director, Division of Health Systems and Public Health, underscored the importance of strong primary health care as the cornerstone of health systems and commended Kazakhstan's continuous efforts to foster global commitment to pursuing that end. The international anniversary conference had provided an opportunity to acknowledge the fast pace of change in the way that health systems operated. That change required a rethinking of primary health care and a move towards delivery of comprehensive, integrated and people-centred services. Primary health care should be coordinated with public health and multisectoral interventions to improve health outcomes and reduce inequities by addressing the social determinants of health, with a view to achieving universal health coverage and implementing Health 2020.

During the conference, Member States had described successful efforts to introduce innovations in primary health care and health systems, often hand in hand with WHO. Based on those experiences, agreement had been reached on priority actions to revitalize primary health care, namely: ensuring a multisectoral approach; integrating public health services and secondary and tertiary services into primary care; raising the prestige of the primary health care workforce; and using a combined system of payment for service providers. The time had come to consider how best to transition primary health care towards responsive and resilient health systems fit for the 21st century. The Regional Office would therefore draw on Member States' experiences of health reform to elaborate a European framework for action for coordinated and integrated health services delivery.

The Minister of Health of Kazakhstan, describing her Ministry's efforts to prioritize primary health care, said that the principles enshrined in the Declaration of Alma-Ata were being successfully incorporated into Kazakhstan's health system. Every five years since the adoption of the Declaration, an anniversary conference had been held to discuss progress in primary health care development. The 35th anniversary conference had provided an occasion to discuss contemporary issues and challenges faced by Member States. Participants had shared their experiences and discussed key issues related to developing primary health care services. Emphasis had been placed on the importance of universal access to health care as the most effective and sustainable method of attaining the MDGs, tackling the burden of NCDs and ensuring equity in health care. Thanking the Regional Office for its support, she said that the opening of the new GDO on primary health care in Almaty, Kazakhstan, would be an opportunity to continue to strengthen work on primary health care throughout the Region.

A member of the SCRC commended Kazakhstan's leadership in the field of primary health care. The SCRC agreed that persistent inequalities and emerging health and social challenges required a transformed primary health care that was at the core of health systems. The Declaration of Alma-Ata provided a timeless vision for primary health care, and thanks to the generous investment of Kazakhstan, the European Region was uniquely positioned to be a global leader in that area. The SCRC was committed to supporting the Regional Office in developing a WHO European framework for action towards people-centred, coordinated and integrated health service delivery, in line with the priorities set in the Twelfth General Programme of Work 2014–2019 and the ongoing WHO reform process, with primary health care at its centre, for submission to the 66th session of the Regional Committee in 2016.

In the discussion that followed, representatives of Member States thanked the Government of Kazakhstan for hosting the conference, which had afforded a timely opportunity to renew the concept

of primary health care, focusing on reducing inequalities, meeting the challenges of the increasing NCD burden, and ensuring care throughout the life-course. Care for the elderly was increasingly significant since, in general, people were living longer and the number of healthy life years per person was increasing. Data collection and the use of evidence were particularly important for developing people-centred health systems and ensuring universal health coverage. Recognizing the importance of primary health care, several representatives gave examples of measures for incorporating it into their national health systems, taking multisectoral actions, based on a life-course approach and oriented towards individual needs. In recent years, willingness and flexibility among various sectors to promote health and well-being had become increasingly evident. The Regional Office's efforts to help Member States address persistent challenges in health care provision were greatly appreciated. Representatives expressed their full support for the updated primary health care concept.

The Director, Division of Health Systems and Public Health, welcomed support from Member States, which had been underpinned by the commitment of the Ministry of Health of Kazakhstan. The opening of the new GDO in Almaty would significantly strengthen the Regional Office's capacity to support Member States. Efforts were being made to collaborate with health systems to underscore the importance of improving long-term care and care for the elderly. The Regional Office was also taking measures with regard to improving the prestige associated with work in public health, particularly through encouraging increased institutional and financial autonomy. The Regional Office was strongly committed to helping Member States in their endeavours to reform their primary health care systems in a transition to proactive management with citizen involvement.

The Regional Director thanked the Ministry of Health of Kazakhstan for its generosity not only in hosting the conference but also in hosting the new GDO on primary health care in Almaty. She welcomed the signature of the host agreement in May 2014 and looked forward to the establishment of the GDO under the Ministry's able leadership.

WHO European Ministerial Conference on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020 (Ashgabat, Turkmenistan, 3–4 December 2013)

(EUR/RC64/11, EUR/RC64/11 Add.1, EUR/RC64/R4)

The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, said that the Ministerial Conference had been preceded by a long period of technical consultations to ensure that the Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020 was consistent with the cross-sectoral aims of Health 2020. During the Conference, emphasis had been placed on the links between the social determinants of health and NCDs, and participants had agreed that more data were required on the correlation between social determinants and inequalities in the NCD burden. Of the six regions of WHO, the European Region had the highest number of Member States that were parties to the FCTC; however, it also had the highest proportion of adult smokers. Efforts must be made to redress that imbalance. The FCTC was not being used to its full potential, and disparities in measures to tackle smoking were evident even within countries. That notwithstanding, some Member States had adopted ambitious plans for tackling tobacco use. It was hoped that a tobacco-free millennium generation could be achieved throughout the Region. He invited the Regional Committee to consider the draft resolution on the Ashgabat Declaration.

The Deputy Minister of Health and Medical Industry of Turkmenistan said that since offering to host the Ministerial Conference, her Ministry had resolved to demonstrate what could be achieved through political will and using evidence-based approaches to prevent and control NCDs. Turkmenistan had sought to implement the Ashgabat Declaration even before its adoption. It was hoped that the Regional Committee's endorsement of the Declaration would usher in a new era of strengthened approaches to facing challenges related to NCDs. Turkmenistan's efforts in respect of tobacco control had received

special recognition from the Director-General, and the Government was considering passing legislation stating the intent to become a tobacco-free nation.

A member of the Standing Committee said that the SCRC had considered and endorsed the Ashgabat Declaration, and had discussed the need for a European action plan for achieving the global target on NCDs related to tobacco use. While some members had questioned the added value of requesting that the Regional Director develop such an action plan, the approach being proposed in the draft resolution would clarify the respective roles of WHO and the FCTC Secretariat. The European Region was lagging behind with regard to FCTC implementation. The Standing Committee had recommended that care should be taken to ensure that any draft resolution touching on tobacco-related issues should stay within existing or planned legal obligations. On that basis, the SCRC commended the draft resolution for adoption.

The Head, Convention Secretariat, WHO Framework Convention on Tobacco Control, acknowledged that Health 2020, the Ashgabat Declaration and the work of the FCTC were complementary and could be used to strengthen implementation. Coordination between the FCTC Secretariat, WHO headquarters and its regional and country offices was key to ensuring that regional committee resolutions on tobacco control were in line with the decisions of the FCTC Conference of the Parties and treaty provisions. Joint efforts would also be required to meet the new sustainable development goal to ensure healthy lives and promote well-being for all at all ages that would guarantee the implementation of the FCTC. All Member States that had not yet done so were encouraged to sign and ratify the Protocol to Eliminate Illicit Trade in Tobacco Products, in order to expedite its entry into force.

Two representatives of Member States took the floor to thank the Government of Turkmenistan for hosting the Conference. They welcomed the Ashgabat Declaration and reiterated their commitment to ensuring that NCDs would remain high on the public health agenda as one of the main threats to the sustainability of health systems. The Regional Committee's endorsement of the Declaration would constitute a clear statement of the European Region's determination to address the burden of NCDs. The Regional Office's support for Member States' research and development efforts was commended.

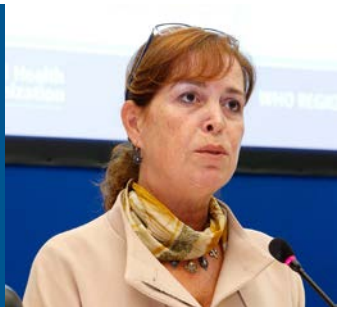
A representative of the IAEA welcomed the commitment of Member States in the European Region to the prevention and control of NCDs, including cancer. In 2012, 3.7 million new cancer cases and 1.9 million cancer deaths had been reported in the European Region, making it the region with the highest cancer burden. IAEA accordingly supported its Member States in developing and using radiation medicine for the treatment of cancer and other NCDs. Cancer control missions were conducted in partnership with WHO and the International Agency for Research on Cancer. Coordination between IAEA and the WHO Regional Office for Europe was a good example of the collaboration that would be required to reach the target of a 25 per cent relative reduction in premature mortality from NCDs by 2025.

A statement was delivered by a representative of the Framework Convention Alliance.

The Director, Division of Noncommunicable Diseases and Promoting Health, welcomed the emphasis on collaboration that had punctuated the discussion. He acknowledged the contribution of the WHO country office in Turkmenistan and said that implementation of the Ashgabat Declaration would coincide with the opening of the new GDOs on primary health care and NCDs. The two GDOs would work together closely, to the benefit of all Member States.

The Regional Committee adopted resolution EUR/RC64/R4.

European Vaccine Action Plan 2015–2020



(EUR/RC64/15 Rev.1, EUR/RC64/15 Add.1, EUR/RC64/R5)

The Deputy Director, Division of Communicable Diseases, Health Security and Environment, said that the European Region had achieved high levels of immunization coverage for the basic antigens in the period up to 2012, but the gains made by the Region and its commitment continued to be tested. As requested by the Regional Committee at its previous session, a European Vaccine Action Plan had therefore been drawn up, following extensive consultation with the European Technical Advisory Group of Experts on Immunization (ETAGE), the SCRC, partner organizations and Member States. The regional Action Plan was designed to complement the Global Vaccine Action Plan 2011–2020 and regional policies and strategies, such as Health 2020, the European Action Plan for Strengthening Public Health Capacities and Services and the European strategy for child and adolescent health.

The vision underpinning the regional Action Plan was of 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. Six goals were proposed: 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. The Action Plan had been operationalized by elaborating objectives, priority action areas and proposed actions for each goal. It also incorporated a monitoring and evaluation framework that made use of the existing WHO/UNICEF Joint Reporting Form, with no new indicators or variables.

The Chair of ETAGE said that the regional Action Plan rightly emphasized the role of the independent National Immunization Technical Advisory Groups (NITAGs) and the use of new technology and electronic registries, tailored immunization programmes and behavioural intervention methodology and integrated delivery through strong health systems. It encouraged Member States to build up and protect the resources required for immunization programmes and offered support for the introduction of predictable, transparent pricing and innovative procurement mechanisms. Ultimately, however, the success of the regional Action Plan would depend on the commitment of Member States.

A member of the SCRC highlighted the Action Plan's emphasis on the need for political engagement and increased resource mobilization. The Standing Committee had been involved throughout the drafting process and its recommendations had been duly taken into account. The Plan addressed gaps in the regional immunization response and measures to improve quality. The accompanying draft resolution described the action to be taken by Member States and the support they could expect from the Regional Office.

Representatives welcomed the regional Action Plan, stressing the importance of ensuring political commitment to immunization programmes and adequate financing. They endorsed the concept of NITAGs, although a representative speaking on behalf of the EU and its member states said that the Plan and its annex should refer to "NITAG(s) or equivalent" throughout.

Immunization programmes should target hard-to-reach groups, including migrants. Member States should raise public awareness of the safety and benefits of immunization, using modern, targeted

communication strategies – an area in which the Regional Office could provide useful advice. They should address the anti-vaccination groups, and provide information and training to dispel the doubts felt by some health professionals.

Representatives called for the creation of mechanisms that used evidence-based information for national immunization policies and for the strengthening of monitoring and surveillance systems. One representative welcomed the fact that the implementation of the Plan would be monitored by means of the WHO/UNICEF Joint Reporting Form and would therefore not impose any additional reporting burden on Member States.

A number of representatives cited examples from their own national immunization programmes. A representative of a Member State that had recently risen above the eligibility threshold for funding from the GAVI Alliance described the difficulties his Government faced in the transition to funding its entire immunization programme alone, and called upon the GAVI Alliance to consider extending the transition period.

A representative of UNICEF, while acknowledging the generally high level of immunization coverage in the Region, noted the disparities between different geographical areas and different population groups, the challenge of financing and the growing vaccine hesitancy about immunization among the public. Implementation of the Plan would require political commitment, a strategic approach based on the specific country context and partnerships with all stakeholders.

A statement was delivered on behalf of the International Association of Immunization Managers.

The Deputy Director, Division of Communicable Diseases, Health Security and Environment, briefed the Regional Committee on an incident that had just occurred in the Syrian Arab Republic during the measles immunization campaign, in which a cluster of illness and fatalities from two health facilities in a district had been reported by the local health authorities. The vaccine used had been a WHO-prequalified product, and WHO had initiated investigations, the results of which would be communicated as soon as they were available.

The Regional Committee adopted resolution EUR/RC64/R5.

Investing in children: the European child and adolescent health strategy 2015–2020 and the European child maltreatment prevention action plan 2015–2020

(EUR/RC64/12, EUR/RC64/12 Add.1, EUR/RC64/13, EUR/RC64/R6)

The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, introduced the draft European child and adolescent health strategy 2015–2020, to which all divisions at the Regional Office, as well as WHO headquarters, had contributed. It sprang from a vision in which children were seen and taken into account by policy-makers, lived with their families with access to health care and education, and learned the life skills they needed to function effectively in society. It sought to collect data on older children and adolescents – a group that was largely ignored in official statistics – and research the environmental influences on children's health at all ages, including before birth.

The European child maltreatment prevention action plan 2015–2020 was intended to shed more light on a problem of hitherto unsuspected proportions. It was estimated that 850 children under the age of 15 were murdered every year in the European Region, and that 18 million suffered sexual abuse. Maltreatment had serious after-effects throughout the child's life, including mental health problems, chronic disease and the likelihood that the child himself or herself would go on to become a perpetrator of violence in later life. The action plan aimed to make the effects of child maltreatment more widely known; strengthen governance for its prevention through partnerships and multisectoral action; and reduce the risk of maltreatment through improved child protection legislation, education and support for new parents, and more training for health professionals. The target was to reduce the annual level of child homicide by 20% in the Region as a whole by 2020.

A member of the SCRC outlined the broad technical and political consultation process that had gone into the development of the strategy and action plan. Both documents emphasized the importance of early childhood development and covered key priority areas of child health; they were inclusive of the disadvantaged, emphasized intersectoral and evidence-based policy, and were aligned with Health 2020 and other relevant policies. The SCRC recommended that the Regional Committee endorse the strategy and action plan, and adopt the accompanying draft resolution.

Representatives welcomed the strategy and action plan and outlined the situation in their own countries. Investment in child and adolescent health paid off in improved health outcomes and economic and social benefits, even in times of economic challenge. Systematic collaboration between sectors and professions would be crucial if the true impact of the resolution was to be realized. Comprehensive monitoring of child well-being, in particular annual child health checks that also considered social and psychological aspects, was an important organizational model that merited inclusion in the regional action plan.

A representative of UNICEF welcomed the strategy and plan but expressed concern about disparities in child and maternal mortality between and within countries. Immunization tended to move gradually lower down the list of priorities, until a new disease outbreak provided a sobering reminder of its importance. There were also new challenges that required innovative solutions. Disparities in child health might be reduced within the lifespan of the proposed plans by focusing on equity, eliminating financial and other barriers in access to care and improving the quality of service.

A representative of UNPFA said that the strategy reflected a growing commitment to promoting intergenerational equity and resonated closely with the UNFPA Strategy on Adolescents and Youth, key elements of which were to promote comprehensive sexuality education, improve access to sexual and reproductive health services, support youth leadership and participation, reach the marginalized and make better data available.

Statements were made on behalf of the European Public Health Alliance and the International Federation of Medical Students' Associations.

The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, replying to a point raised during the debate, confirmed that the reference to immunization against human papillomavirus in the child and adolescent health strategy was not intended as a recommendation that all Member States should introduce it; in some countries, a needs assessment would show that it was not required.

The Regional Committee adopted resolution EUR/RC64/R6.

European Food and Nutrition Action Plan 2015–2020

(EUR/RC64/14, EUR/RC64/14 Add.1, EUR/RC64/R7)

The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, informed the Regional Committee that recently published data from the WHO European Childhood Obesity Surveillance Initiative showed that the prevalence of obesity among seven-year-old boys in selected European countries ranged from 23% to 49%. Diet (and particularly excessive consumption of salt, sugar and saturated fats) was a major risk factor for NCDs. As called for by participants in the WHO Ministerial Conference on Nutrition and Noncommunicable Diseases in the Context of Health 2020 (Vienna, 4–5 July 2013), the Regional Office Secretariat had drawn up the European Food and Nutrition Action Plan 2015–2020, with the mission of achieving universal access to affordable, healthy food and a balanced diet for all citizens of the WHO European Region.

The objectives set out in the Action Plan were to: create healthy food and drink environments; promote the gains of a healthy diet throughout the life-course, especially for the most vulnerable groups; reinforce health systems to promote healthy diets; support surveillance, monitoring, evaluation and research; and strengthen governance, intersectoral alliances and networks for a Health-in-All-Policies approach. Highlights of actions and tools to address those objectives included promoting healthy early nutrition (breastfeeding and complementary feeding); eliminating *trans* fats (and keeping saturated fat consumption low); restricting marketing; promoting salt reduction initiatives; strengthening school nutrition; including counselling in primary care; providing support for obesity management; and improving monitoring and surveillance.

The First Lady of Estonia, the Champion of Health for Noncommunicable Diseases in the WHO European Region, highlighted the importance of a healthy food environment for children and of establishing healthy nutritional habits during childhood. The key was to instil in children the desire, skills and ability to prepare healthy meals using fresh ingredients. Well-nourished children learned faster and had a healthier development. Children had a better understanding than adults that health, nutrition and the environment were all parts of the same whole. The Action Plan also rightly called for health systems to provide evidence-based information on nutrition, best practice examples and guidance, with emphasis on primary care providers.

A member of the SCRC noted that the Action Plan was the result of an extensive and broad consultation process involving Member State representatives, civil society, private sector organizations and technical experts, and had been reviewed by the SCRC on the three occasions. It was well aligned with global processes on NCDs and nutrition, and with the EU Childhood Obesity Action Plan 2014–2020. The European Food and Nutrition Action Plan emphasized the need for governments to introduce or strengthen a range of policies, not only on food and nutrition but also on agriculture, trade, education, financial and economic affairs or media policy, in order to promote and enable healthy diets. The SCRC welcomed the priority policy actions and tools described in the Action Plan, which were designed to promote healthier diets for all European citizens.

One representative, speaking on behalf of the EU and its member states, noted that NCDs had outstripped communicable diseases as the leading cause of death in most parts of the world. Unhealthy diets were one of the primary modifiable risk factors associated with NCDs. While the EU shared the

vision, guiding principles, strategic objectives and voluntary global targets in the Action Plan, not all the data for the indicators proposed were routinely collected, and the evidence for decisive actions to prevent obesity was not always widely available. He expressed the hope that the increased attention paid to the issue would foster the undertaking of more research. Policies and concepts such as product reformulation and nutrient profiling were relevant to all countries in the Region, although national contexts and the important cultural and traditional dimensions of nutrition had to be taken into account. Building on initiatives taken over the years, EU health ministers had recently adopted Council Conclusions on nutrition and physical activity, including specific actions targeting pregnant women and infants. The strategic goals of the Action Plan could be achieved only by taking integrated, comprehensive actions in a range of policy areas through a whole-of-government, Health-in-All-Policies approach. He welcomed the renewed attention paid to nutrition in the Region and looked forward to the Second International Conference on Nutrition, being organized jointly by WHO and the Food and Agriculture Organization of the United Nations (FAO), to be held in Rome, Italy, in November 2014.

All speakers in the ensuing discussion expressed their support for the Action Plan and described initiatives in their countries that were consistent with it. They were taking action to reduce salt consumption at the population level, had adopted legislation to strengthen food safety, were implementing programmes to raise people's awareness of healthy nutrition and had drawn up guidelines on food served in public institutions. School canteen regulations had been changed in order to tackle obesity in children. One representative said that her country had been applying a multisectoral nutrition policy for 15 years, aimed both at prevention and at identifying and treating cases of nutrition-related diseases. Social inequalities in nutrition were a particularly complex issue; one approach to be considered in giving effect to the Action Plan was that of proportionate universalism.

Although there were cultural differences in dietary habits, the guidance for a healthy diet remained similar. Everyone needed to have access to healthy dietary options. To that end, innovative, motivating, practical and easy-to-use approaches must be found for how to support people in making healthier choices regarding their nutrition and lifestyle, and healthy food environments should be created in different settings throughout the life-course. Engagement of the private sector and civil society was crucial, but public health must be protected from any undue influence or conflict of interest. One representative said that his country had established a high-level group with representatives of the food industry and retailers to agree on goals for reformulating foods.

The Action Plan ensured continuity with the WHO European Action Plan for Food and Nutrition Policy 2007–2012 and added considerable value to the work already agreed on through the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. Appreciation was expressed for the Action Plan's specific recommendations concerning restricting the marketing of unhealthy foods to children and developing a nutrient profiling tool; the Regional Office was encouraged to work with the EU in the latter area. Several speakers also looked forward to the Second International Conference on Nutrition.

One representative called for a clear definition of the terms "overweight", "pre-obesity" and "obesity". Another representative described his country's role in an EU work package for the period 2015–2017 which would develop an evidence base on the prevention of obesity and forecast the economic cost of the condition.

A statement was made by a representative of the World Cancer Research Fund.

The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, responding to the comments made, said that the measures advocated in the Action Plan were recommendations for voluntary action by Member States, not binding obligations. More research was needed on the impact of fiscal policy (taxation, subsidies, etc.) on the prevalence of obesity. The boundaries between overweight, pre-obesity and obesity should be more precisely defined, both at the

primary health care level, to determine when treatment was needed, and as a tool for the definition of minimally invasive surrogate measures of unhealthy weight.

The Regional Committee adopted resolution EUR/RC64/R7.

Partnerships for health in the WHO European Region

(EUR/RC64/Inf.Doc./2, EUR/RC64/Inf.Doc./2 Add.1)

The Regional Director said that since taking office in 2010, she had striven to renew and strengthen the Regional Office's partnerships with the EU, the Global Fund, and several United Nations institutions. Agreements on cooperation had helped improve policy coherence and priority-setting and had allowed for more systematic collaboration.

Under the aegis of United Nations reform, a series of mechanisms had been established at regional and country levels to facilitate cooperation and increase effectiveness within the United Nations family, such as the Regional Coordination Mechanism (RCM) and the Regional United Nations Development Group (Regional UNDG). In that context, the Regional Office had established and led an interagency working group on the MDGs, which had provided input on the regional perspective in the post-2015 development agenda. A regional consultation had also been organized on inclusive and sustainable development.

Recognizing that NCDs constituted a heavy burden on the economy and impeded development, the United Nations Economic and Social Council had requested the establishment of a United Nations Inter-Agency Task Force on the Prevention and Control of NCDs. In the European Region, the United Nations agencies had agreed to establish a regional task force to support the implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016 and Health 2020, in particular to address the social determinants of health and governance for health.

Given that the United Nations focused on providing support and making a difference at country level, the UNDAF was an important tool. In the WHO European Region there were currently 17 countries and one territory with UNDAFs. To support the work of United Nations country teams and ministries of health, the Regional Office, in consultation with the RCM and Regional UNDG, had developed a guidance note on how to ensure that health equity, Health 2020, and NCD prevention and control could be included in the UNDAF.

The Chairperson of the UNDG team for Europe and Central Asia said that the region was unique, given its wide economic diversity. Country-specific challenges had therefore impacted significantly on progress towards meeting the MDGs. There were considerable disparities not just between, but also within countries, with many marginalized groups missing out on the benefits of progress. In order to meet the new sustainable development goal on health, coordinated action on the social determinants would be required. Social determinants could impact behavioural risk factors, leading to an increased risk of NCDs.

WHO provided global leadership on health. The challenges ahead must be tackled by all United Nations agencies: those engaged in development were, by definition, also engaged in health. In order

to meet health and development targets, accountability was essential. The UNDG was an effective mechanism for collaboration, and its members had undertaken joint efforts with visible results in several areas, including immunization programmes, promoting adolescent health and work on NCDs. While much had been done to improve the health situation in Europe and Central Asia, the post-2015 development agenda would offer an opportunity to accelerate efforts in that regard.

In the panel discussion that followed, the Minister of Health of the Republic of Moldova, the Deputy Minister of Health and Medical Industry of Turkmenistan and the representative of Kazakhstan described the realities of cooperation on the ground between WHO and organizations of the United Nations system, the development of an UNDAF in their countries, and the society wide surveys, jointly done with the United Nations agencies and United Nations Resident Coordinators, in preparation for the post-2015 development agenda. They focused on interdepartmental coordination and intersectoral coordination.

The Permanent Representative of Monaco explained that cooperation with agencies of the United Nations system in Geneva was not necessarily evident to the public at large and more could be done to make it visible. It was important to avoid duplication of effort; to ensure efficiency, it was important that the approach of “Delivering as one” became a reality, both for beneficiary countries and for those that were providing assistance.

A representative of the International Planned Parenthood Federation said that it was impossible to have sustainable development or social justice without access to sexual and reproductive health rights for all.

A representative of the International Federation of Medical Students’ Associations drew attention to the importance of attaining the MDGs and of including medical students’ input into the debate on the health-related goals in the post-2015 development agenda.

Summing up the discussion, the Chairperson of the UNDG team for Europe and Central Asia emphasized the need to continue supporting countries in collecting reliable, disaggregated data in order to identify and bridge development gaps. The Regional Director said that it was reassuring to see “Delivering as one” becoming a regular feature of the Regional Office’s work.

Closing the discussion, the moderator invited the panellists to express one wish that they would like to have fulfilled. Answers included: maintaining WHO’s role as the lead agency for international health; focusing on NCDs in the post-2015 development agenda; securing access to family doctors for improved health and well-being; and recognizing the need to invest in health for all as a contribution to sustainable development.

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

(EUR/RC64/6, EUR/RC64/Inf.Doc./3–8)

The European member of the Executive Board designated to attend sessions of the SCRC as an observer briefly described the implications for the Region of a number of resolutions adopted by the Sixty-seventh World Health Assembly that were not dealt with elsewhere on the agenda.

Tuberculosis was still a major public health problem in the European Region, with an estimated 350 000 new cases and over 35 000 deaths every year. In resolution WHA67.1, the Health Assembly had endorsed the global strategy and targets for tuberculosis prevention, care and control after 2015. Implementation of the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis in the WHO European Region 2011–2015 had been accelerated and many milestones had been met.

The Health Assembly had endorsed the WHO global disability action plan for 2014–2021 in resolution WHA67.7 and had acknowledged the specific needs of individuals with autism spectrum disorders and other developmental disorders in resolution WHA67.8, which called for increased capacity and access to health and social care systems.

The newborn health action plan, endorsed by the Health Assembly in resolution WHA67.10, was consistent with the European child and adolescent health strategy 2015–2020 adopted by the Regional Committee in resolution EUR/RC64/R6.

Health Assembly resolution WHA67.12 on contributing to social and economic development called for efficient action on social, economic and environmental determinants of health through effective legislation and cross-sectoral structures. Member States were requested to contribute to the post-2015 development agenda in the light of those principles, and the Secretariat was requested to prepare a framework for country action.

Health Assembly resolution WHA67.15 on strengthening the role of the health system in addressing violence, in particular against women and girls, and against children, addressed an issue similar to that covered by the European child maltreatment prevention action plan 2015–2020, adopted by the Regional Committee in resolution EUR/RC64/R6. The resolution called on the Secretariat to develop a global plan of action, to be submitted to the Sixty-ninth World Health Assembly in 2016.

Health Assembly resolution WHA67.19 on strengthening palliative care as a component of comprehensive care throughout the life-course called on Member States to develop and implement palliative care policies, including the appropriate and balanced use of controlled medicines for symptom management.

Health Assembly resolutions WHA67.20, WHA67.21 and WHA67.22 dealt with medicines and medical products and their regulation. The resolutions called on Member States to strengthen their regulatory networks and requested the Secretariat to support Member States in the selection of medicines for their national essential medicines lists.

Health Assembly resolutions WHA67.23 and WHA67.24 made reference to universal health coverage. In resolution WHA67.24, the Secretariat was asked to prepare a new global strategy for human resources for health, for consideration by the Sixty-ninth World Health Assembly in 2016. The Regional Office was already working in the areas of health technology assessment and strategic directions for nursing and midwifery within the Health 2020 policy framework.

Hepatitis

(EUR/RC64/Inf.Doc./7)

The Assistant Director-General, Communicable Diseases, solicited the views of the Regional Committee on viral hepatitis, with a view to the eventual preparation of a global strategy on the issue. Replying to a point raised by a representative, he said that WHO was collecting pricing information and negotiating with the pharmaceutical industry in order to bring down the costs of hepatitis medicines, which placed a considerable financial burden on the affected individuals and their families. Stressing the high burden of hepatitis in the Region, the Deputy Director, Division of Communicable

Diseases, Health Security and Environment, explained actions that had been taken so far including the WHO collaborating centre on HIV and viral hepatitis that had been established at the University of Copenhagen.

Malaria

(EUR/RC64/Inf.Doc./5)

The Assistant Director-General, Communicable Diseases, gave details of the draft global malaria strategy for the post-2015 period, based on universal access to malaria prevention and treatment, acceleration of efforts towards elimination and malaria-free status and the transformation of malaria surveillance into a core intervention. The Deputy Director, Division of Communicable Diseases, Health Security and Environment, said that the Region was on track to achieve malaria-free status by 2015: only 37 cases, in two countries, had been reported in 2013. Since 2010, four countries – Armenia, Kazakhstan, Kyrgyzstan and the Russian Federation – had been declared malaria-free. The Regional Office was supporting Member States in their efforts to ensure that the disease was not reintroduced at a later date.

Follow-up to the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases

(EUR/RC64/Inf.Doc./4 Rev.1)

The Assistant Director-General, Noncommunicable Diseases and Mental Health, reported on the outcomes of the second High-level meeting on noncommunicable diseases of the United Nations General Assembly (New York, United States, 10−11 July 2014). WHO had adopted the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020, which incorporated nine targets and 25 outcome indicators, and the Organization had been a major force in the establishment of the United Nations Interagency Task Force on the Prevention and Control of NCDs.

The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, said that the Regional Office and the Member States in the European Region had made many contributions to the outcome document of the second high-level meeting. In particular, the Region had emphasized the voluntary nature of global targets for NCD control and the need to use existing monitoring frameworks as far as possible. The first joint mission of the Interagency Task Force had been to a European country – Belarus – in July 2014. The debate within the European Region on engagement with non-State actors would have repercussions for the follow-up to the outcome document and the Regional Office would await the guidance of the World Health Assembly. The Secretariat would report on progress to the Health Assembly in 2016 and to the General Assembly in 2017.

Two representatives asked whether the term “noncommunicable diseases” was still appropriate since the international community was now addressing a much wider range of diseases and conditions. It was not clear, for example, whether the term should be applied to mental health problems, injuries, diseases associated with environmental factors, or cancers caused by infectious agents. Another term, such as “preventable long-term diseases”, would be more accurate.

The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, said that the term “noncommunicable diseases” was widely known as a result of the high-level meetings and possessed a recognition value that should be preserved as far as possible. The Assistant Director-General, Noncommunicable Diseases and Mental Health, urged further reflection on whether a more accurate term should be used in the future.

A statement was delivered on behalf of the NCD Alliance.

Ebola virus disease outbreak in Africa

(EUR/RC64/Inf.Doc./9)

Speaking by video link from WHO headquarters, the Assistant Director-General, Health Security, described the severity and impact of the ongoing Ebola virus disease outbreak, which posed a top-level regional and global health security threat. There had been over 5000 reported cases and 2600 deaths. Most cases had occurred in Guinea, Liberia and Sierra Leone: cases reported elsewhere were travel-related, while a separate, concurrent outbreak of Ebola in the Democratic Republic of the Congo involved a different strain of the virus. Health systems were left paralysed, food prices were increasing, and the affected areas were severely isolated by airlines' withdrawal from the region. The World Bank estimated that the gross domestic product of the three most affected countries would be reduced by up to 12%, but the economic impact was already being felt further afield owing to a widespread misconception that the entire continent was affected. The atmosphere in the countries concerned was now anxious, which was particularly worrying given the area's relatively recent history of conflict. The various means used to break the chain of transmission were all severely hampered by underlying weaknesses in the health systems. How best to coordinate the support that was available and how best to move from discussion to effective action at speed and at scale were questions that needed to be resolved. Getting ahead of the outbreak would entail ensuring preparedness in neighbouring countries and outside the region. It had proved impossible to keep up with the need to isolate infected people and trace contacts; WHO was looking at solutions using community involvement. The Organization was also working to accelerate the availability of medicines and vaccines, including by pushing experimental vaccines through phases 1, 2 and 3 trials in order to fast track production and scale up their use.

One representative said that, alongside the crucial work that WHO was doing to control the outbreak and to care for infected or affected individuals, it must give due consideration to the importance of communication. There was a universal expectation that WHO would take the lead in resolving the public health emergency posed by the outbreak, and the manner of WHO's response would have long-lasting implications across a wide range of future activity: for instance, the same market failure that meant no vaccine was yet available against the Ebola virus also kept neglected tropical diseases neglected, and was responsible for the lack of antibiotics in the pipeline.

The Assistant Director-General, Health Security, said that weaknesses and gaps in health capacity had been thrown into relief by the crisis, and a key lesson learned was the need to redouble efforts to strengthen capacity. Communication was critical, and how WHO resolved the market failure issues in respect of the Ebola virus would indeed have far-reaching consequences on other areas of its work.

International Health Regulations

(EUR/RC64/Inf.Doc./8)

The Coordinator, IHR Capacity, Assessment, Development and Maintenance, said that 63 States Parties had achieved the required IHR core capacities and 75 had requested a second extension. Half of the implementation plans lacked information in at least one of the elements. Health Assembly resolution WHA58.3 stipulated that a second two-year extension can be granted by the Director-General, on the technical advice of the Review Committee. Feedback requested from Member States on proposals for the accelerated use of IHR, had been set out in document EUR/RC64/Inf.Doc./8, which described a collective approach at global, regional and country levels for supporting States Parties to continue to develop, maintain and utilize capacities to detect early and respond effectively to public health risks. She noted that early informal feedback from Member States in the European

Region had indicated that the certification process proposed in document EUR/RC64/Inf.Doc./8 was probably too complex legally and that developing a global set of standards would be too challenging.

The Deputy Director, Division of Communicable Diseases, Health Security and Environment, said that only nine States Parties in the WHO European Region were requesting an extension. Implementation of the IHR did not stop once the core capacity requirements had been met but was a continuous improvement process. Keeping communication channels open between national IHR focal points and regional WHO focal points was very important, both in order to detect threats and to communicate with other States Parties that might be affected.

Representatives welcomed the proposal for a regional consultation on the criteria and accelerated use of the IHR, in principle, but said that a regional consultation on such an important issue required a longer timescale and the consultation document should be available in all four working languages of the Region; it was therefore suggested that the consultation process be conducted electronically over a timescale that the Secretariat deemed to be appropriate. The revised consultation document should include more precise questions in order to obtain more precise answers. Clarification was requested about the question of certification.

The Coordinator, IHR Capacity, Assessment, Development and Maintenance, accepted the proposal that consultations be conducted electronically. She explained that early feedback from Member States had indicated that certification was not felt to be sufficiently flexible.

The Deputy Director, Division of Communicable Diseases, Health Security and Environment, agreed that a revised document would be issued in all four working languages and that the Regional Office would facilitate the online consultation.

Global action plan on antimicrobial resistance

(EUR/RC64/Inf.Doc./3)

The Coordinator, Infection Control and Publications, said that antimicrobial resistance (AMR) was an increasingly serious global public health threat. By resolution WHA67.25, the Sixty-seventh World Health Assembly in May 2014 had therefore requested the Director-General to develop a draft global action plan to combat AMR, including antibiotic resistance, and in so doing apply a multisectoral approach and consult Member States, as well as other relevant stakeholders, especially other multilateral bodies such as FAO and the World Organisation for Animal Health.

The draft global action plan would include the following components: context, including current progress; main areas of concern or priorities for action: guiding principles and values; key targets and quantifiable objectives; monitoring and reporting of progress; key stakeholders; and support functions and mechanisms (including the role of WHO). The plan would be based on six guiding principles: engagement of the whole of society; actions based on best available knowledge and evidence; prevention first; access to and appropriate use of antimicrobial medicines; sustainability; and incremental targets for implementation.

Following a ministerial conference on antibiotic resistance hosted by the Government of the Netherlands in June 2014, further meetings would be held later in the year to address: research and knowledge gaps (Brazil, October 2014); antimicrobial medicine use in the health sector, access and quality (Norway, November 2014); and development of global surveillance capacity, systems and standards (Sweden, December 2014). WHO's Strategic and Technical Advisory Group on AMR had met in September 2013 and April 2014; further meetings were planned for October 2014 and prior to the Sixty-eighth World Health Assembly in 2015. A web-based consultation had been held in July/August 2014, and a second call for input would be launched in January 2015.

The Deputy Director, Division of Communicable Diseases, Health Security and Environment, commended the national action plans that Member States had established or strengthened and the surveillance systems set up in countries outside the EU in line with the European strategic action plan on antibiotic resistance.

A video presentation was shown on the ministerial conference held in The Hague, Netherlands, in June 2014. A representative of the host country highlighted the outcome statement from the conference, which called for transmission of infectious diseases to be prevented, antibiotic medicines to be used prudently and new antimicrobials to be developed.

A representative of Italy, speaking on behalf of the EU and its member states, welcomed the work being done to develop a global action plan and looked forward to the consultation in October 2014. Global action should be based on a "One Health" approach and should engage all relevant sectors and build on existing plans. There was a need for clear, measurable targets and objectives, accompanied by a set of indicators for monitoring and evaluation of the implementation of the global action plan. The EU and its member states appreciated working closely with the Regional Office, especially in the harmonization of surveillance systems, and was pleased to continue supporting capacity-building in countries of the WHO European Region.

All speakers expressed satisfaction that the World Health Assembly resolution (co-sponsored by over 60 countries) had given WHO a strong mandate to work to contain AMR and develop a global action plan. Areas that should be covered in the plan included: raising awareness among all stakeholders; strengthening laboratory and surveillance capacity; training health care personnel in rational use of antibiotics; prevention of infectious diseases; and development of new antibiotics. Representatives of countries hosting or jointly organizing meetings later in the year detailed their aims: to agree on and commit to national objectives, strategies and effective measures to tackle AMR; and to identify operational ways forward to improve local and global surveillance of AMR, with a focus on antibiotics.

One representative informed the Regional Committee that her country was contributing to the Global Health Security Agenda and, with three other European countries, was leading work on developing an AMR action package, through which the global action plan could be implemented across Member States.

The Deputy Director, Division of Communicable Diseases, Health Security and Environment, acknowledged the leadership role that the European Member States had played in putting AMR high on the global agenda, particularly the Netherlands, Norway, Sweden and the United Kingdom.

Poliomyelitis eradication

(EUR/RC64/Inf.Doc./6)

The Deputy Director, Division of Communicable Diseases, Health Security and Environment, reported that the number of cases of polio reported throughout the world had fallen from 416 in 2013 to 171 in 2014 (to date). Reductions had been seen in two of the three remaining endemic countries. Timely measures had been taken to detect and respond vigorously to polio outbreaks in the Horn of Africa and the Middle East. Nonetheless, in view of the worsening situation in certain countries, on 5 May 2014 the Director-General had declared the international spread of wild poliovirus in 2014 to be a public health emergency of international concern under the IHR (2005).

The Director-General had endorsed the Emergency Committee's advice for "States currently exporting wild polioviruses" and for "States infected with wild poliovirus but not currently exporting" and issued them as temporary recommendations under the IHR. States in the former category were to ensure that, prior to international travel, all residents or long-term visitors received a dose of oral polio

vaccine (OPV) or inactivated polio vaccine (IPV) that would be recorded on the standard International Certificate of Vaccination or Prophylaxis. Those recommendations had been extended for three months, effective 3 August 2014.

The Polio Eradication and Endgame Strategic Plan 2013–2018 called for the phased withdrawal of the type 2 component from OPV and, in countries using OPV, the introduction of at least one dose of IPV into their routine immunization programmes by the end of 2015. Polio legacy planning was being carried out, with the aim of maintaining the capacities and assets created for polio eradication to benefit other health priorities.

The representative of the affected State Party to the IHR (2005) in the European Region said that his country was categorized as infected due to isolation of wild poliovirus in sewage, without any polio cases and not currently exporting. The country had detected wild poliovirus thanks to a very sophisticated surveillance system and under intensive surveillance, no environmental samples had tested positive since the end of March 2014. The country was maintaining surveillance and had reintroduced OPV into its routine immunization programme.

Progress reports

(EUR/RC64/19, EUR/RC64/19 Corr.1, EUR/RC64/24 Rev.1)

The six progress reports presented in document EUR/RC64/19 and its corrigendum and document EUR/RC64/24 Rev.1 were discussed in two groups: the first comprising progress relevant to categories 1 and 5 and the second on progress relevant to categories 2 and 3 of the Twelfth General Programme of Work.

Category 1: Communicable diseases

Implementation of the European action plan for HIV/AIDS 2012–2015

Category 5: Preparedness, surveillance and response

Implementation of the European strategic action plan on antibiotic resistance

A statement was made by a representative of the AIDS Healthcare Foundation, also on behalf of the International Planned Parenthood Federation. Written statements were submitted by the International Network of Health Promoting Hospitals and Health Services and the World Veterinary Association.

The United Nations Secretary-General's Special Envoy for HIV/AIDS in Eastern Europe and Central Asia, while acknowledging the leading role played by the European Region in the global fight against HIV/AIDS, said that the scale of the epidemic in the eastern part of the Region remained worrying. It was clear that the MDGs and other development targets with regard to HIV/AIDS would not be met by 2015. He expressed concern regarding the financial sustainability of the HIV/AIDS response: countries must accelerate their plans at the national level in order to secure funding from the international community.

The Director, Regional Support Team, Eastern Europe and Central Asia, UNAIDS, commended the Regional Office's work on HIV/AIDS, which gave a strong message that it was still possible to achieve results, even when resources were shrinking. Two major challenges were hampering progress in the Region: disparity in the epidemic between the eastern and western parts of the Region and social inequities in the distribution of AIDS prevalence. He urged all concerned to do their utmost to ensure that HIV/AIDS stayed firmly on the development agenda after 2015. He assured the Regional Committee that UNAIDS was making every effort to work towards an AIDS-free generation.

The Deputy Director, Division of Communicable Diseases, Health Security and Environment, thanked the Secretary-General's Special Envoy and the Director of the UNAIDS Regional Support Team for their collaboration.

Category 2: Noncommunicable diseases

Implementation of the European action plan to reduce the harmful use of alcohol 2012–2020

Prevention of injuries in the WHO European Region

Category 3: Promoting health throughout the life-course

The future of the European environment and health process

European strategy for child and adolescent health and development

A representative of one Member State, speaking on behalf of Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway, Slovenia and Sweden, welcomed the fact that overall alcohol consumption had declined in the Region and stressed the importance of sustaining this decline in the future. It was important to ensure that data on alcohol consumption were published in a timely manner. While WHO's efforts in that regard were laudable, Member States needed to increase their efforts to submit their data on time. All too often, governance of alcohol markets did not take public health into consideration. The Regional Office's work to gather, disseminate, validate and promote scientific evidence therefore provided crucial support to public health champions around the Region. WHO's validation gave evidence the weight it needed in political debates.

Representatives of two Member States expressed their commitment to the European environment and health process and welcomed the activities undertaken by the Regional Office in that context. Giving examples of their countries' work in the field of environment and health, they cited the EHP as clear demonstration of an effective intersectoral approach.

A written statement was submitted by the International Network of Health Promoting Hospitals and Health Services.

The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, said that the Regional Office was making considerable efforts to ensure that the alcohol consumption data available contributed to the identification of risk factors. The Office had used the large amount of epidemiological and policy data at its disposal to produce country-by-country background information on implementation of the action plan, which it had compiled into a package and had made available for Member States. Some countries in the Region registered exceptionally high rates of alcohol consumption. It was therefore essential to continue to monitor the situation and take firm action.

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

(EUR/RC64/R8)

The Regional Committee adopted resolution EUR/RC64/R8, by which it confirmed that it would hold its 65th session in Vilnius, Lithuania, from 14 to 17 September 2015. It also decided that its 66th session would be held in Copenhagen, Denmark, from 12 to 15 September 2016 and that its 67th session would take place from 11 to 14 September 2017 in a location to be decided.

Closure of the session

A representative of Portugal, thanking the Regional Office and the Government of Denmark for their warm hospitality during the session, said that discussions had been positive and productive. He particularly commended the Director-General's presentation on the Ebola outbreak. Noting that a further European citizen had recently contracted the disease, he pledged the Regional Committee's support to WHO's engagement in efforts to tackle the outbreak. He commended the Regional Director on the Office's achievements under her leadership during the past five years and welcomed the decision to nominate her for a second term of office. Lastly, he congratulated all concerned on a very successful session.

Resolutions and decisions

EUR/RC64/R1. Report of the Regional Director on the work of WHO in the European Region 2012–2013

The Regional Committee,

Having reviewed the Regional Director's report on the work of WHO in the European Region in 2012–2013 (document EUR/RC64/5) and the related document on implementation of the 2012–2013 programme budget (document EUR/RC64/18);

1. THANKS the Regional Director for the report;

2. EXPRESSES its appreciation of the work done by the Regional Office in the biennium 2012–2013;

3. REQUESTS the Regional Director to take into account and reflect the suggestions made during the discussions at the 64th session when developing the Organization's programmes and carrying out the work of the Regional Office.

EUR/RC64/R2. Report of the Twenty-first Standing Committee of the Regional Committee

The Regional Committee,

Having reviewed the report of the Twenty-first Standing Committee of the Regional Committee (documents EUR/RC64/4 Rev.1 and EUR/RC64/4 Add.1);

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

2. INVITES the Standing Committee to pursue its work on the basis of the discussions held and resolutions adopted by the Regional Committee at its 64th session;

3. REQUESTS the Regional Director to take action, as appropriate, on the conclusions and proposals contained in the report of the Standing Committee, taking fully into account the proposals and suggestions made by the Regional Committee at its 64th session, as recorded in the report of the session.

EUR/RC64/R3. Nomination of the Regional Director of the WHO European Region

The Regional Committee,

Considering Article 52 of the Constitution of WHO; and

In accordance with Rule 47 of the Rules of Procedure of the Regional Committee for Europe;

1. NOMINATES Ms Zsuzsanna Jakab as Regional Director for Europe; and

2. REQUESTS the Director-General to propose to the Executive Board the appointment of Ms Zsuzsanna Jakab from 1 February 2015.

EUR/RC64/R4. Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020

The Regional Committee,

Acknowledging the significance of the "Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020" for reinforcing work on the Twelfth General Programme of Work 2014–2019 and categories 2 (Noncommunicable diseases) and 4 (Health systems);

Recalling the "Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases" (resolution A/RES/66/2);

Recalling the Global action plan for the prevention and control of noncommunicable diseases 2013–2020 and the comprehensive global monitoring framework for the prevention and control of noncommunicable diseases adopted in resolution WHA66.10;

Further recalling the "Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012−2016" agreed upon in resolution EUR/RC61/R3;

Noting with concern that, despite progress in increasing the priority given to noncommunicable diseases and their risk factors in Europe, for tobacco in particular, the prevalence of using tobacco products by both youth and adults continues to be high, particularly in some parts of the European Region;

Further noting that enhanced efforts are needed for the full implementation of the WHO Framework Convention on Tobacco Control by Parties and for further development of tobacco products control policies and activities in the Region;

Having considered the outcome of the WHO European Ministerial Conference on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020, the "Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020", adopted in Ashgabat, Turkmenistan, in December 2013;

Understanding that this resolution reinforces implementation of the "Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020" and therefore has an expected life-span ending in 2020;

1. ENDORSES the "Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020";

2. URGES Member States:[5]

(a) to accelerate adaptation of the global noncommunicable diseases monitoring framework and its voluntary targets to their national context and to report on progress according to global commitments;

(b) to further prioritize and accelerate full implementation of the WHO Framework Convention on Tobacco Control if they are Parties to the Convention and to consider ratification and implementation, as appropriate, if they are non-Parties, in order to achieve the global target of tobacco use reduction;

(c) to consider a formal assessment of health system challenges and opportunities for the prevention and control of noncommunicable diseases as part of a national effort to provide integrated, people-centred health services to counter these diseases and their consequences;

3. REQUESTS the Regional Director:

(a) to develop, in collaboration with the WHO Framework Convention on Tobacco Control Secretariat as appropriate, a roadmap of actions led by the Regional Office to contribute to the achievement of the global target on noncommunicable diseases related to tobacco use in the European Region and, to support Member States that are Parties to the Convention upon request, to fully implement their commitments under the WHO Framework Convention on Tobacco Control, to be presented to the Regional Committee at its 65th session in 2015 and to ensure that the reporting under this roadmap is fully consistent with that required under the Convention;

(b) to strengthen technical support to Member States in attaining all global targets and in assessing health systems for challenges and opportunities in the prevention and control of noncommunicable diseases;

(c) in partnership with all relevant stakeholders, to pursue the aims and promote the values of the Ashgabat Declaration.

[5] And regional economic integration organizations, where applicable

EUR/RC64/R5. European Vaccine Action Plan 2015–2020

The Regional Committee,

Having considered the "European Vaccine Action Plan 2015–2020" (EVAP) (document EUR/RC64/15 Rev.1);

Acknowledging the contribution of this resolution to the Twelfth General Programme of Work 2014–2019 for categories 1 (Communicable diseases), 4 (Health systems) and 5 (Preparedness, surveillance and response);

Recognizing the significant contribution of EVAP to the policy priorities of Health 2020: a European policy framework and strategy for the 21st century and the commitment to reduce health inequalities and guarantee that the full benefits of immunization are available to all people; acknowledging alignment of EVAP with The Tallinn Charter: Health Systems for Health and Wealth endorsed by resolution EUR/RC58/R4, "Investing in children: the European child and adolescent health strategy 2015–2020" (document EUR/RC64/12), the "European Action Plan for Strengthening Public Health Capacities and Services" (resolution EUR/RC62/R5) and the Integrated Global Action Plan for Pneumonia and Diarrhoea;

Recognizing the Global Vaccine Action Plan 2011–2020 endorsed by resolution WHA65.17, the Decade of Vaccines Collaboration (2011–2020), the importance of immunization as one of the most cost-effective interventions in public health and which should be recognized as a core component of the human right to health;

Recalling Member States' "Renewed commitment to elimination of measles and rubella and prevention of congenital rubella syndrome by 2015 and sustained support for polio-free status in the WHO European Region" (resolution EUR/RC60/R12);

Recognizing the contribution of successful immunization programmes in achieving global and regional health goals, in particular for reducing childhood mortality and morbidity, and their potential for reducing mortality and morbidity throughout the life-course;

Concerned that outbreaks of vaccine-preventable diseases persist and that gaps exist in routine vaccination coverage at national and subnational levels in the Region;

Acknowledging that political commitment and accelerated action are required for universal, equitable access to sustainable, high-quality immunization programmes to meet the needs of the general population with special focus on marginalized and underserved populations and to respond to vaccine hesitancy;

Understanding that this resolution does not replace any existing Regional Committee resolution and that the expected lifespan of the resolution is 2015–2020;

1. ADOPTS the "European Vaccine Action Plan 2015–2020" and its strategic objectives, goals and targets, as set out in its monitoring and evaluation framework;

2. URGES Member States:[6]

(a) to commit to immunization as a priority, to ensure sustained political commitment to achieving the goals outlined in the EVAP and to allocate adequate financial resources to achieve national immunization programme objectives;

(b) to integrate immunization services into national health systems and public health policies and strategies in order to meet vaccination coverage targets at all administrative levels throughout the Region;

(c) to align, as appropriate, national health policies and strategies and national immunization plans with the EVAP, applying the vision and the strategies appropriately, according to the epidemiological situation;

(d) to strengthen national immunization programme capacity to formulate and implement evidence-based policies, to provide refresher training on immunization for health-care providers and to scale-up national capacity to implement innovative immunization delivery with use of communication technology and methods;

(e) to provide information on the risks of vaccine-preventable diseases and the risks and benefits of vaccination in order to build trust in vaccines, immunization services and the health authorities;

(f) to report, within already existing reporting requirements and systems, on indicators and meet the reporting deadlines outlined in EVAP's monitoring and evaluation framework;

3. REQUESTS the Regional Director:

(a) to support the implementation of EVAP in the Region by providing strategic direction to Member States and to create strategic partnerships to deliver technical support;

(b) to advocate for commitment and resources to strengthen immunization programmes in Member States and with relevant partners in order to attain the goals outlined in the EVAP;

(c) to provide guidance on how to reach specific high-risk groups, including marginalized and underserved populations and vaccine-hesitant groups;

(d) to monitor and evaluate progress towards achieving EVAP goals and targets and thereby contribute to the monitoring and evaluation of global indicators and targets for the Global Vaccine Action Plan 2011–2020;

(e) to ensure the necessary resources for its implementation in two consecutive programme budgets and to report funding gaps through the Standing Committee of the Regional Committee;

(f) to report to the Regional Committee on the implementation of EVAP at its 67th and 71st sessions in 2017 and 2021, respectively.

[6] And regional economic integration organizations, where applicable

EUR/RC64/R6. Investing in children: the European child and adolescent health strategy 2015–2020 and the European child maltreatment prevention action plan 2015–2020

The Regional Committee,

Having considered "Investing in children: the European child and adolescent health strategy 2015–2020" (document EUR/RC64/12) and "Investing in children: the European child maltreatment prevention action plan 2015–2020" (document EUR/RC64/13);

Acknowledging the contribution of this resolution to the Twelfth General Programme of Work 2014–2019 and categories 1 (Communicable diseases), 2 (Noncommunicable diseases) and 3 (Promoting health throughout the life-course);

Building on the "European strategy for child and adolescent health and development" (resolution EUR/RC55/R6) and the "Prevention of injuries in the WHO European Region" (resolution EUR/RC55/R9);

Recalling resolutions WHA56.24 on "Implementing the recommendations of the World report on violence and health",[7] WHA64.27 on "Child injury prevention", WHA65.6 on "Comprehensive implementation plan on maternal, infant and young child nutrition" and WHA67.15 on "Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children"; and the United Nations Convention on the Rights of the Child;

Recognizing that both the European child and adolescent health strategy 2015–2020 and the European child maltreatment prevention action plan 2015–2020 propose approaches that are interdependent and integrated with "Health 2020: the European policy framework for health and well-being" (resolution EUR/RC62/R4);

Recollecting synergies with other WHO strategies and policies such as the "Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016" (resolution EUR/RC61/R3), the "European Action Plan for Strengthening Public Health Capacities and Services" (resolution EUR/RC62/R5), "The European Mental Health Action Plan" (resolution EUR/RC63/R10), and the "European Vaccine Action Plan 2015–2020" (resolution EUR/RC64/R5);

Understanding that this resolution supersedes resolution EUR/RC55/R6 on the "European strategy for child and adolescent health and development" and resolution EUR/RC55/R9 on "Prevention of injuries in the WHO European Region" and has an expected life-span of 2015–2020;

Recognizing that work on other types of injury covered in resolution EUR/RC55/R9 will continue in Europe within the mandates of resolutions WHA56.24 on "Implementing the recommendations of the World report on violence and health", WHA57.10 on "Road safety and health" and WHA64.27 on "Child injury prevention";

[7] The report defines child maltreatment as "all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power" (Chapter 3, p. 59).

1. ADOPTS "Investing in children: the European child and adolescent health strategy 2015–2020" and "Investing in children: the European child maltreatment prevention action plan 2015–2020";

2. URGES Member States:[8]

(a) to improve the health and well-being of infants, children and adolescents and reduce the burden of infant, child and adolescent ill health, including that due to maltreatment and other adverse events in childhood, ensuring actions for health promotion, health protection and disease prevention and studies on the determinants of child health and well-being, combining universal and targeted measures, with a special focus on vulnerable groups;

(b) to respect the rights of children, promote their social inclusion, offer equitable opportunities for attaining the highest quality of life and invest in interventions that support early childhood development, growth during adolescence and nurturing family and institutional settings;

(c) to strengthen health systems and preventive services to allow access to a continuum of high-quality care, from the antenatal period through infancy, childhood and adolescence, to ensure better health and social outcomes;

(d) to ensure that relevant monitoring systems are in place with regard to existing international reporting requirements in the field of child maltreatment;

3. REQUESTS the Regional Director:

(a) to support Member States in the implementation of the Strategy and the Action Plan;

(b) to promote partnerships with all relevant stakeholders in the promotion of child health and the prevention of child maltreatment, especially in collaboration with the United Nations agencies in Europe;

(c) to advocate for commitment and resources to strengthen efforts to improve the health and well-being of infants, children and adolescents and to prevent maltreatment;

(d) to include the necessary resources for the implementation of the resolution in future programme budgets and report through the Standing Committee of the Regional Committee on funding gaps;

(e) to report back to the Regional Committee at its 68th and 71st sessions in 2018 and 2021, respectively, on implementation of the European child and adolescent health strategy 2015–2020 and the European child maltreatment prevention action plan 2015–2020.

[8] And regional economic integration organizations, where applicable

EUR/RC64/R7. European Food and Nutrition Action Plan 2015–2020

The Regional Committee,

Having considered the "European Food and Nutrition Action Plan 2015–2020" (document EUR/RC64/14);

Noting the priority attributed to the reduction of the burden of disease of diet-related noncommunicable diseases in the Twelfth General Programme of Work 2014–2019 and specifically for categories 2 (Noncommunicable diseases), 3 (Promoting health through the life-course) and 5 (Preparedness, surveillance and response);

Recalling resolution WHA63.23 calling for increased political commitment to prevent and reduce malnutrition in all its forms, to strengthen implementation of the Global strategy for infant and young child feeding and to scale up nutrition interventions;

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

Recognizing the importance of tackling noncommunicable diseases within the policy priorities of Health 2020: a European policy framework and strategy for the 21st century;

Noting resolution EUR/RC61/R3, adopting the Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016 as a strategic framework for action by Member States in the European Region;

Noting resolution EUR/RC63/R4, endorsing the Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020;

Understanding that this resolution is expected to cover the period through 2020 and supersedes resolution EUR/RC57/R4 on "Follow-up to the WHO European Ministerial Conference on Counteracting Obesity and Second European Action Plan for Food and Nutrition Policy";

1. ADOPTS the "European Food and Nutrition Action Plan 2015–2020", taking into account national contexts, legislation and cultural dimensions of nutrition;

2. URGES Member States:[9]

(a) to give due consideration to the policy options presented in the Action Plan in developing, implementing and evaluating national policies on nutrition in accordance with national circumstances;

(b) to promote healthy diets throughout the life-course, ensuring a framework for healthy nutrition, using evidence-based policies at all levels, if available;

(c) to set up, if applicable, appropriate governance mechanisms for implementation of multisectoral actions to promote healthy diets and to prevent conditions related to malnutrition;

(d) to build intersectoral alliances and networks, engaging relevant stakeholders and fostering citizen empowerment;

[9] And regional economic integration organizations, where applicable

(e) to strengthen national capacity of health care delivery systems to respond to nutritional problems and to promote healthy diets;

3. REQUESTS the Regional Director:

(a) to support Member States, upon request, in the implementation of the "European Food and Nutrition Action Plan 2015–2020";

(b) to evaluate the implementation of the Action Plan;

(c) to pursue the aims of the Action Plan and the Vienna Declaration, in partnership with international, intergovernmental and non-State actors;

(d) to ensure necessary funding for the implementation of the resolution in future programme budgets and report through the Standing Committee of the Regional Committee on funding gaps;

(e) to report to the Regional Committee on the implementation of the Action Plan at its 67th and 71st sessions in 2017 and 2021, respectively.

EUR/RC64/R8. Date and place of regular sessions of the Regional Committee in 2015–2018

The Regional Committee,

Recalling its resolution EUR/RC63/R11 adopted at its 63rd session;

1. RECONFIRMS that the 65th session shall be held in Vilnius, Lithuania from 14 to 17 September 2015;

2. DECIDES that the 66th session shall be held in Copenhagen, Denmark from 12 to 15 September 2016;

3. DECIDES that the 67th session shall be held from 11 to 14 September 2017, exact location to be decided;

4. FURTHER DECIDES that the 68th session shall be held on dates and location to be decided.

Annex 1. Agenda

1. Opening of the session

– Election of the President, Executive President, Deputy Executive President and Rapporteur

– Adoption of the provisional agenda and provisional programme

2. Addresses

(a) Address by the Regional Director and report on the work of the Regional Office

(b) Address by the Director-General

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

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

4. Report of the Twenty-first Standing Committee of the Regional Committee for Europe (SCRC)

5. Policy and technical topics

(a) Health 2020

(i) First report on the implementation of Health 2020

(b) Outcomes of high-level conferences

(i) Health systems for health and wealth in the context of Health 2020: follow-up meeting on the 2008 Tallinn Charter (Tallinn, Estonia, 17–18 October 2013)

(ii) International anniversary conference marking 35 years of the Declaration of Alma-Ata on primary health care (Almaty, Kazakhstan, 6–7 November 2013)

(iii) WHO European Ministerial Conference on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020 (Ashgabat, Turkmenistan, 3–4 December 2013)

(c) Investing in children

(i) The European child and adolescent health strategy 2015–2020

(ii) The European child maltreatment prevention action plan 2015–2020

(d) European Food and Nutrition Action Plan 2015–2020

(e) European Vaccine Action Plan 2015–2020

(f) Partnerships for health in the WHO European Region

(g) WHO reform – implications for the Regional Office for Europe

(i) Overview of the impact of WHO reform on the work of the Regional Office

(ii) Proposed programme budget 2016–2017 and its regional perspective

(iii) Strategic budget space allocation

(iv) Framework for engagement with non-State actors

(h) Progress reports

(i) Category 1: Communicable diseases

(1) Implementation of the European Action Plan for HIV/AIDS 2012–2015 (EUR/RC61/R8)

(ii) Category 5: Preparedness, surveillance and response

(1) Implementation of the European strategic action plan on antibiotic resistance (EUR/RC61/R6)

(iii) Category 2: Noncommunicable diseases

(1) Implementation of the European action plan to reduce the harmful use of alcohol 2012–2020 (EUR/RC61/R4)

(2) Prevention of injuries in the WHO European Region (EUR/RC55/R9)

(iv) Category 3: Promoting health throughout the life-course

(1) The future of the European environment and health process (EUR/RC60/R7)

(2) European strategy for child and adolescent health and development (EUR/RC55/R6)

6. Private meeting: elections and nominations

(a) Nomination of the Regional Director

(b) Nomination of four members of the Executive Board

(c) Election of four members of the SCRC

(d) Election of one member of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction

(e) Election of one member of the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases

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

8. Other matters

9. Approval of the report and closure of the session

Technical briefings

- Migration and health
- Nurses and midwives: a vital resource for health
- A country focus for the WHO Regional Office for Europe
- Health information systems in Europe: where are we going?
- Women’s health

Ministerial lunches

- Health in the post-2015 development agenda
- The effects of investing in early childhood development

Annex 2. List of documents

Working documents

EUR/RC64/1 Rev.2	Provisional list of documents
EUR/RC64/2 Rev.1	Provisional agenda
EUR/RC64/2 Add.1 Rev.1	Provisional agenda (annotated)
EUR/RC64/3 Rev.1	Provisional programme
EUR/RC64/4 Rev.1	Report of the Twenty-first Standing Committee of the WHO Regional Committee for Europe
EUR/RC64/4 Add.1	Twenty-first Standing Committee of the WHO Regional Committee for Europe: report of the fifth session
EUR/RC64/5	Realizing our vision: report of the Regional Director on the work of WHO in the European Region in 2012–2013
EUR/RC64/6	Matters arising out of the resolutions and decisions of the Sixty-seventh World Health Assembly
EUR/RC64/7	Membership of WHO bodies and committees
EUR/RC64/7 Add.1	Membership of WHO bodies and committees
EUR/RC64/8 Rev.2	Implementing Health 2020: 2012–2014
EUR/RC64/9	Health systems for health and wealth in the context of Health 2020: follow-up to the 2008 Tallinn Charter
EUR/RC64/10	International anniversary conference marking 35 years of the WHO and UNICEF Declaration of Alma-Ata on primary health care
EUR/RC64/11	Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020
EUR/RC64/11 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on the Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020
EUR/RC64/12	Investing in children: the European child and adolescent health strategy 2015–2020
EUR/RC64/12 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on Investing in children: the European child and adolescent health strategy 2015–2020 and the European child maltreatment prevention action plan 2015–2020
EUR/RC64/13	Investing in children: the European child maltreatment prevention action plan 2015–2020
EUR/RC64/14	European Food and Nutrition Action Plan 2015–2020
EUR/RC64/14 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on the European Food and Nutrition Action Plan 2015–2020

EUR/RC64/15 Rev.1	European Vaccine Action Plan 2015–2020
EUR/RC64/15 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on European Vaccine Action Plan 2015–2020
EUR/RC64/16	WHO reform: progress and implications for the European Region
EUR/RC64/17	Draft proposed programme budget 2016–2017: the European Region's perspective
EUR/RC64/18	WHO Regional Office for Europe: Performance assessment report 2012–2013
EUR/RC64/19	Progress reports
EUR/RC64/19 Corr.1	Progress reports
EUR/RC64/20	Strategic budget space allocation
EUR/RC64/21	Framework of engagement with non-State actors
EUR/RC64/22	Framework of engagement with non-State actors: report by the Secretariat to the regional committees
EUR/RC64/23 Rev.1	Draft Proposed Programme Budget 2016–2017
EUR/RC64/24 Rev.1	Progress report on the European Environment and Health Process
EUR/RC64/25	Strategic budget space allocation: operational segments

Conference documents

EUR/RC64/Conf.Doc./1	Report of the Regional Director on the work of WHO in the European Region 2012–2013
EUR/RC64/Conf.Doc./2	Report of the Twenty-first Standing Committee of the Regional Committee
EUR/RC64/Conf.Doc./3	Date and place of regular sessions of the Regional Committee in 2015–2018
EUR/RC64/Conf.Doc./4	Nomination of the Regional Director of the WHO European Region
EUR/RC64/Conf.Doc./5 Rev.1	Investing in children: the European child and adolescent health strategy 2015–2020 and the European child maltreatment prevention action plan 2015–2020
EUR/RC64/Conf.Doc./6 Rev.1	Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020
EUR/RC64/Conf.Doc./7 Rev.1	European Vaccine Action Plan 2015–2020
EUR/RC64/Conf.Doc./8 Rev.1	European Food and Nutrition Action Plan 2015–2020

Information documents

EUR/RC64/Inf.Doc./1 Rev.1	Achievements in meeting key commitments made at the 60th session of the WHO Regional Committee for Europe
EUR/RC64/Inf.Doc./2	Partnerships for health in the European Region
EUR/RC64/Inf.Doc./2 Add.1	Annex. Key partners currently working with the WHO Regional Office for Europe
EUR/RC64/Inf.Doc./3	Development of a global action plan on antimicrobial resistance
EUR/RC64/Inf.Doc./4 Rev.1	Outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases
EUR/RC64/Inf.Doc./5	Malaria
EUR/RC64/Inf.Doc./6	Global Polio Eradication Initiative Implementing the Polio Eradication and Endgame Strategic Plan 2013–2018
EUR/RC64/Inf.Doc./7	Implementing resolution WHA67.6 on hepatitis
EUR/RC64/Inf.Doc./8	Regional consultation on the accelerated use of the *International Health Regulations* (*2005*)
EUR/RC64/Inf.Doc./9	Update on 2014 Ebola outbreak

Annex 3. List of representatives and other participants

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President, National Institute of Health Dr Ricardo Jorge

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Annex 4. Address by the Regional Director

Mr President, Your Royal Highness Crown Princess Mary of Denmark, Madam Director-General, First Lady of Estonia, Excellencies, ministers, partners, ladies and gentlemen,

It is a real honour to welcome you and address you once more at this 64th session of the Regional Committee, and to welcome you to our new premises for the Regional Office.

As you may recall, my vision in 2010 was rooted in the WHO Constitution and the attainment of the highest standard of health as a fundamental human right. At the 2010 session of the Regional Committee, I committed for "better health for Europe".

I presented seven strategic priorities for action to achieve this, which form the basis of accountability for progress.

As we know, health outcomes in the European Region have significantly improved in the Region in the last decades. Overall life expectancy increased by five years. But not everybody benefited equally, and health inequities continue to scar the Region.

Today, noncommunicable diseases (NCDs – with their associated social, behavioural and environmental determinants – account for the largest share of the burden of disease.

In addition, our Region has seen profound economic recession and austerity over the last five years, resulting in reduced public health functions and poorer access to health services.

Responding to these challenges requires new thinking. As we face the future, health must be higher on the political agenda.

That is why we initiated the process of developing Health 2020.

Together with you, the policy environment in the WHO European Region has been fully renewed in the last five years and implementation of your decisions is under way.

Now Health 2020 acts as our unifying policy framework. It sets the strategic directions and guiding values to improve health and to reduce health inequities. It includes four policy priority areas for action.

It recognizes the key role of the social determinants of health and the need to move beyond curative services to a whole-of-government and whole-of-society response.

There is an increasing momentum to implement Health 2020 and many Member States are taking up the challenge. We made every effort to assist countries, in the context of their own situations and priorities, in making the necessary arrangements for coordinated and integrated delivery.

This work is closely aligned with the post-2015 development agenda and will also feed into the development of the United Nations development assistance frameworks at the country level.

Public health is at the heart of Health 2020 implementation. Inequalities in the burden of disease in our Region demonstrate that there is still a huge potential for health gains.

These can be achieved through prevention, health promotion and appropriate management of diseases.

We must invest in highly cost-effective public health interventions, such as evidence-based fiscal policies, comprehensive prevention and health promotion packages, action on the social determinants of health and new forms of governance. These investments must be made both within health systems, to integrate essential public health functions, as well as at population level, through multisectoral approaches.

This reorientation is the essence of Health 2020, which requires three main elements to be successful, as you can see on the slide.

The conditions for moving towards Health 2020 require strong political commitment from governments and strong leadership from health ministers and public health institutes.

Over the next five years, WHO is committed to supporting you in developing, implementing and aligning national health policies, working with other sectors, delivering high-quality and effective health-care services and strengthening public health services and capacities.

The Health 2020 targets and the monitoring framework will be the tool to measure progress and ensure accountability.

The next five years will be about consolidation and full implementation of our commitments. What we want to achieve is more equity in health and closer links between health and sustainable development.

Our aim will be “better health for Europe: more equitable and sustainable”.

I will present our Health 2020 implementation package tomorrow, so I have kept this part of my speech short, to allow more time now for the priority action areas.

I will now focus on our achievements in the priority areas and also elaborate on the way forward.

The details are in the biennial report for 2012–2013, as well as in the report on the main achievements of the last five years.

Ladies and gentlemen, improving health and health equity requires an effective life-course approach. Actions to promote and protect health at all stages of life have been strengthened considerably in the last five years.

Evidence demonstrates the need to focus on early childhood development and the integration between health and social welfare. This requires multisectoral collaboration, especially with sectors such as education, social policy and employment, and we will discuss this at the ministerial lunch tomorrow.

Policy briefs are also being developed for collaboration with other sectors, and we will present an example from the education sector at the ministerial lunch. We also plan to organize a ministerial conference on the life-course in 2015.

Accelerating progress towards the health-related Millennium Development Goals (MDGs) has been a key focus of our work, and this work will continue on the unfinished agenda. The post-2015 development agenda will augment this work, and give it new energy in the years to come.

We have been actively involved in the process of setting this agenda, engaging with all stakeholders. As outlined in the regional consultation in Turkey, Health 2020 will set the ground for implementing this new vision in the Region. We will have the opportunity to discuss this further during the ministerial lunch today.

In child and adolescent health, the Region made substantial progress, but huge discrepancies still exist.

Member States introduced comprehensive polices and improved the quality of care. The results are obvious, such as the decrease in under-5 mortality to 36 per thousand live births in the Caucasus and Central Asia in 2012.

The renewed strategy on child and adolescent health is an excellent vehicle for identifying priority actions and it will be presented to you on Wednesday.

The European report on preventing child maltreatment forms the basis for the action plan for prevention and we will have the opportunity to discuss it on Wednesday.

Another area where we observe good progress is maternal health. The maternal mortality ratio decreased to 17 maternal deaths per 100 000 live births in 2013. The countries of eastern and central Europe benefited most from the implementation of the Effective Perinatal Care and Beyond the Numbers initiatives.

The introduction of modern, effective contraception and the promotion of sexuality education contributed to the reduction of unintended pregnancies. Sexual and reproductive health and rights will be an area where we will put more emphasis in the future.

NCDs are the main cause of the disease burden, yet some 80% of premature mortality is considered to be preventable.

While implementing the European action plan on NCDs, we focused on strengthening intersectoral policies and strategies in line with the WHO Global NCD Action Plan and Health 2020.

These efforts have already started to show visible results. The number of Member States with national integrated NCD policies has grown substantially. Countries also strengthened their monitoring systems by adapting the global monitoring framework to their national context.

Overall mortality from NCDs shows a downward trend and premature mortality from cardiovascular diseases is generally decreasing across the Region.

As demonstrated in this slide, the chances of dying from heart disease or stroke before the age of 64 have been declining since 2000 in all parts of the Region: something to be proud of. But the huge disparities between countries need to be addressed.

In 2013, you endorsed the Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020 in Turkmenistan. We will hear more about this on Wednesday. Taking this opportunity, I would like to thank, through the Minister of Health, the President of Turkmenistan for hosting this important conference.

There is now a strong economic case for action to promote health and prevent disease.

Evidence shows that investment in prevention brings returns in the short and medium terms, not only the long term. This makes such investment more attractive to policy-makers.

Looking, for example, at coronary heart diseases, between 50–75% of the recent decline in deaths is attributable to prevention by addressing risk factors. And medical treatment contributes approximately 25–50%.

Nevertheless, governments spend, at best, only a small fraction of their health budgets on prevention.

Equally high priority needs to be given to the management of NCDs.

Multidisciplinary assessments identified the needs for: universal access to essential medicines for hypertension, diabetes and cancer; better utilization of services; higher rates of cardiovascular risk assessment; and appropriate use of cancer screening.

These are significant concerns that require concerted public health approaches in the next five years.

Addressing risk factors remains a priority. In recent years, we have renewed our strategies and action plans, as required.

The successful conference in Vienna guided our work and as agreed, we developed the European Food and Nutrition Action Plan. It includes a set of priority actions to address major diet-related problems and will be further discussed on Wednesday.

A conference in Uzbekistan earlier this year promoted intersectoral discussions on diet, nutrition, food safety and security.

It is worth noting that, as a result of policy actions taken by several countries, important progress has been achieved, notably a significant reduction in salt consumption.

Furthermore, we are working on an action plan for physical activity, as requested in the Vienna Declaration, which we will present to the Regional Committee next year.

While our Region has the highest number of Parties to the WHO Framework Convention on Tobacco Control (FCTC) (50 out of 53), unfortunately it also has the highest rate of adult smoking. That is why reducing tobacco use is among our priorities, and many Member States are implementing exemplary initiatives.

Tomorrow, with the Director-General, we will present WHO World No Tobacco Day awards to some Member States in our Region, as recognition of their leadership and commitment.

The new European Union Tobacco Products Directive is a major step forward in tobacco control and WHO is committed to supporting its implementation.

The Protocol to Eliminate Illicit Trade in Tobacco Products is an excellent vehicle to tackle cross-border illicit trade, and I encourage you all to ratify it.

I believe that the global target – a 30% reduction in tobacco use by 2025 in Europe – is realistic.

Moreover, I share your ambition to work towards a tobacco-free Region, as expressed in the Ashgabat Declaration.

I am committed to accelerating our support for action, and plan to bring an action plan on tobacco, in support of FCTC implementation, to your attention next year.

Ladies and gentlemen, now let me concentrate on communicable diseases. While the Region reinforced its response, unfinished business remains and new challenges are emerging.

With an estimated 350 000 new cases every year and the highest rates of multidrug-resistant tuberculosis in the world, combating tuberculosis remains a priority in the Region.

With your commitment and the support of our partners, implementation of the European Action Plan is showing tangible results. Now more than half of estimated cases are detected. And the treatment-enrolment rate increased to 96% in 2013, a major success just within a year.

However, the treatment-success rate is less satisfactory, mostly due to health-system challenges and lack of new effective medicines.

We should aim to eliminate tuberculosis in our lifetimes. To achieve this, we need political and scientific commitment.

Action is needed to address the social determinants of health and to ensure equal access to quality care for all patients.

In HIV/AIDS, joint efforts with our partners in implementing the European Action Plan are also leading to progress.

HIV testing and counselling services are now increasingly available. Good progress has been made towards eliminating mother-to-child transmission. Now more people in the Region are on antiretroviral treatment, which is also important for prevention.

Even though treatment coverage in the east increased significantly (by 52%), it is still low.

And despite all the efforts, we have not yet succeeded in curbing the epidemic. HIV cases have continued to increase by 7% since 2010. Treatment is not keeping pace with the number of HIV infections. And the epidemic remains concentrated in key populations, who are facing structural barriers to accessing services.

We need to scale up targeted interventions. Evidence-based policies, especially for key populations, including harm reduction for injecting drug users, should be fully implemented in all countries.

We had another excellent HIV/AIDS conference in Moscow this year. I am pleased to inform you that we, with the Minister of Health of the Russian Federation, agreed to establish a joint working group. The group is reviewing the evidence on harm-reduction strategies, which might lead to a change in strategic approaches.

We will have the opportunity to discuss this in more detail on Thursday.

Much progress has been made against antimicrobial resistance since the adoption of the European action plan, using a “One Health” approach.

We have focused on supporting countries in building capacity, providing reliable diagnostics, performing national surveillance, running infection-control programmes, implementing policies for the prudent use of antibiotics and establishing multisectoral coordination mechanisms.

For the first time, we now have data on antimicrobial resistance and antibiotic consumption in a number of countries outside the European Union.

We continue to collaborate with the European Centre for Disease Prevention and Control in expanding the European Antibiotic Awareness Day throughout the whole Region.

You will find details on the implementation of the European strategic action plan on antibiotic resistance in the progress report, which is on the agenda on Thursday.

Antimicrobial resistance is now considered as a serious threat to global public health and European Member States played a crucial role in these efforts. We will discuss how to proceed in developing a global action plan on Thursday.

Let me congratulate the Netherlands for the successful meeting on “One Health” aspects of antimicrobial resistance in June, appreciate the leadership of Norway, Sweden and the

United Kingdom, which will host similar events later this year, and the leadership of Denmark during its Presidency of the European Union.

Great advances have been made in immunization. Well-functioning immunization programmes with high coverage and the introduction of new vaccines saved many lives. But we need to keep up the pace at this critical point. We need to address such challenges as vaccine refusal and reaching high-risk groups.

As requested, we developed the European Vaccine Action Plan, which will be presented to you on Wednesday.

I take this opportunity to thank Her Royal Highness Crown Princess Mary of Denmark for her advocacy for maternal and child health and for her continuous support for the European Immunization Week. I am looking forward to our trip to Tajikistan and I am honoured to accompany you.

Despite progress towards measles and rubella elimination goal by 2015, the Region is seriously under threat due to outbreaks and continued transmission.

Now, more than ever, we need stronger political commitment to implement the "package of accelerated action", while continuing to build strong partnerships.

Even though the risk of poliomyelitis (polio) transmission remains low in the Region, we must remain vigilant, ensuring high-quality surveillance and high population immunity.

After declaring polio as a public health emergency of international concern, we are ready to work with Member States and partners to support implementation of the temporary recommendations. You will hear more about this and the Polio Endgame on Thursday.

Malaria elimination by 2015 in the Region is now within reach, with only 37 cases in 2013, reported from only two countries.

A number of countries have now started implementing the framework on vector-borne diseases, after its endorsement by the Regional Committee.

Ladies and gentlemen, let me now focus on another important area; health security.

The Director-General recently declared two public health emergencies of international concern: the international spread of wild poliovirus in May and the Ebola outbreak in western Africa in August.

The Ebola outbreak is raising concerns, as the numbers of cases and deaths are increasing. The Regional Office is supporting global response efforts. So far we have deployed three staff, including the Director of our Division of Communicable Diseases, Health Security and Environment, who has extensive experience in managing similar outbreaks. Another 23 staff are preparing for future deployment.

WHO issued a roadmap to guide and coordinate the international response to the outbreak, and I call upon you all to support us. You will hear more about these from the Director-General during her speech tomorrow and also on Thursday.

In addition, several natural disasters and conflicts resulting in humanitarian crises happened during the past 12 months.

These include the severe flooding in the Balkans, especially affecting Bosnia and Herzegovina, Croatia and Serbia.

The conflict in the Syrian Arab Republic continues to have direct spill-over effects on the Region, especially in southern Turkey.

I thank the Government of Turkey for its outstanding support during the polio immunization campaigns in Syrian Arab Republic, allowing more than 1 million additional children to be reached. In addition, the support they provide to refugees is exemplary.

We joined United Nations interagency efforts providing cross-border assistance, a work closely coordinated with the WHO Regional Office for the Eastern Mediterranean and WHO headquarters. We are now scaling up our presence in southern Turkey to increase response capacity.

We scaled up our operations to respond to the humanitarian crisis in Ukraine, supporting the Ministry of Health and local administrations in filling the gaps in the health response to internally displaced persons and affected communities.

WHO provides leadership, coordination and support to the health sector's national and international partners. After the successful donor meeting in Geneva last week, we hope to be able to accelerate our support.

We also contributed to other global crisis by deploying our staff to various emergency response operations.

All these events represent a significant challenge.

We are committed to continuing to support Member States in preparing for and responding to all public health threats and emergencies, taking a multihazard and multisectoral approach.

In this regard, the International Health Regulations (IHR) provide an excellent legal framework.

This summer marked an important benchmark for the IHR, when the first two-year extension for building core capacities came to a close in June 2014. We will seek your input to the proposed global coordination mechanism with regional representation, which will be discussed on Thursday.

Ladies and gentlemen, now let me move to another equally significant area: strengthening health systems.

Work with countries undertaken over the last five years was substantial and focused firmly on health outcomes, and not just on system changes.

Implementation of the Tallinn Charter continued at full speed.

Marking the fifth anniversary of the Charter, a high-level meeting was convened in Estonia last year. It provided a unique platform to expand new frontiers, to improve population health and to agree on our future direction: weaving together the commitments of the Tallinn Charter, Health 2020 and moving towards universal health coverage. You will hear more about the outcome of the meeting on Tuesday.

We will present the final report on implementation of the Tallinn Charter to the Regional Committee next year, with our proposals for overall health-systems strengthening, emphasizing public health and multisectoral approaches.

As part of the Tallinn process, we continue working on coordinated, integrated health-service delivery towards people-centred health care, along with the approach to tighten the link between health gains and health-systems strengthening, which is already showing tangible results.

The 35th anniversary of the Declaration of Alma-Ata in Kazakhstan last year provided an excellent opportunity for renewing the vision of primary health care. It is at the centre of our work providing coordinated and integrated services, with links to hospitals and with social and long-term people-centred care.

Another area in which we have intensively supported Member States is articulating the consequences of the economic crisis on health.

Guiding this work are the 10 key policy lessons and recommendations that came out of the high-level meeting in Oslo.

These recommendations have already proved themselves a powerful tool for ministers of health in their dialogue with ministers of finance and prime ministers.

Finally, a key strategic focus is universal health coverage, which guides our work to strengthen health systems in the context of Health 2020.

Universal health coverage promotes equity of both access and outcomes, and helps to reduce inequities. It is important to ensuring long-term sustainability while providing financial protection, and this will be a major focus in the years to come.

In addition, annual flagship courses are increasingly recognized as a key support to Member States.

The courses address various important areas, combining a comprehensive approach to health systems and financing, supporting Member States moving towards universal health coverage.

We have also responded to an increasing number of requests from Member States to support system-wide health care reforms, and the transformation towards sustainable and resilient health systems.

The focus was specifically on people-centred service-delivery models aligned with financial policies, improved efficiency in health systems, greater investment in public health and movement towards universal health coverage.

We have continuously improved the Regional Office’s information and analytical resources.

We have regularly updated our databases, published core health indicators annually and developed indicators of health and well-being for monitoring Health 2020.

Evidence for policy-making has also been the focus of our work and in this respect several important activities are ongoing; such as the autumn school for health information held in Turkey and the re-launching of the Central Asian Republics Health Information Network (CARINFONET). In addition, we are launching our health information web portal as a one-stop shop.

The technical briefing on Wednesday will provide detailed information and introduce a number of new tools.

Here let me acknowledge the valuable scientific advice provided by the European Advisory Committee on Health Research on policy formulation.

I warmly welcome Professor Tomris Turmen, Chair of the Committee, and Professor Roza Adany, the Vice-Chair, and members of the Committee.

Ladies and gentlemen, creating resilient communities and supportive environments is also a key focus of Health 2020.

For more than 25 years, the European environment and health process has been “Health 2020 in action”.

The process is an inspiring example of collaboration among different sectors, and it provides a unique multisectoral platform for agenda setting and implementation. It addresses a key set of environmental determinants, which are still responsible for 20% of total mortality in the Region.

While on Thursday you will have the opportunity to reflect on the progress made, let me highlight now that the renewed governance structure that was established by the Parma Ministerial Conference has now successfully taken off.

The upcoming mid-term review meeting will be an important milestone, marking the start of work to define the agenda of the Sixth Ministerial Conference on Environment and Health.

The environment and health process will retain its relevance in the years to come, in the face of the unfinished agenda including air pollution, chemical contamination, inadequate water and sanitation in parts of the Region, and challenges such as new technology and climate change.

On the other hand, global developments will clearly influence the European agenda. The debate of the United Nations General Assembly, starting next week, will be an important milestone.

Let me now move to the implementation of WHO reform in the Region. Since you will hear more during this afternoon’s session, I will just stress two points now.

First, we have contributed substantially to all aspects of reform, including its full implementation across the European Region, in the spirit of “one WHO”.

Second is the advanced work that we have done on governance in our Region. Our work to strengthen the role of our governing body, the Regional Committee, and governance structures in the Regional Office has been based on and contributed to global WHO reform.

We have strengthened collaboration with partners and networks across the Region, engaging widely and helping to increase policy coherence. This enabled us to support Member States more efficiently.

Working with the European Union has provided a strong foundation, significant opportunities and additional benefits.

The Regional Office fully implemented the Moscow Declaration with the European Commission, and increased collaboration with the European Parliament and with the presidencies of the European Union.

We achieved major progress in collaboration with United Nations agencies.

In addition to intensive collaboration on the MDGs, post-2015 and Roma, we have now agreed on an interagency working group on NCDs and the social determinants of health, led by WHO.

We developed a guidance note to support United Nations country teams in taking this work forward, giving health a prominent focus in the social development agenda, as well as in all other domains of cooperation. I am grateful to Ms Cihan Sultanoglu, Regional Director of the United Nations Development Programme, for her support.

She and I will jointly present this work during the partnership session on Wednesday afternoon, focusing on collaboration with United Nations agencies at both regional and country levels.

We also strengthened our work with civil society, and I am happy that once again many nongovernmental organizations (NGOs) are represented here. We have already posted written statements submitted by NGOs on our website and the President will try to allocate time to these interventions during the session. In addition, I am honoured to receive the 2014 Annual European Lung Foundation award on behalf of WHO.

Further, we increased the range and depth of our joint work with other partners, especially the World Bank, the Organisation for Economic Co-operation and Development, The Global Fund to Fight Aids, Tuberculosis and Malaria, the GAVI Alliance, the Council of Europe and development agencies.

Links with new and evolving types of partnerships for health provided important support to our work and will continue to play a critical role.

These include the South-eastern Europe Health Network, the Eurasian Economic Community; the Northern Dimension partnership, the Commonwealth of Independent States Council, policy networks (such as the European Healthy Cities and Regions for Health networks) and WHO's health promotion networks.

Meanwhile, we developed close working relationships with Member States.

I was privileged to visit many countries and meet with presidents, prime ministers, ministers of health and other sectoral ministers.

I advocated for putting health high on governments' agenda, for Health 2020, for jointly agreed priorities and for the promotion of intersectoral work and mechanisms.

Many ministers and delegations visited us at the Regional Office, where we briefed them fully on technical cooperation.

We also embarked on development of country cooperation strategies; we have completed three so far and two more will be signed soon. We plan a broader and more consistent roll-out to other countries without country offices in the next five years.

Further strengthening country offices contributed to our work with, in and for countries.

We plan to further strengthen our support to Member States by opening WHO representative offices wherever necessary and appropriate, subject to the availability of funds.

You can hear more about this during the technical briefing on Tuesday.

We enhanced our communications to improve the availability and accessibility of information and messages. Live webcasting made governance processes more transparent to a wider audience.

We led many successful campaigns using social media channels to reach new audiences, and gave greater emphasis to communication at the country level, in response to growing demand from Member States.

I committed that the Regional Office should be a leader in health: thus, a strong, evidence-based organization, relevant to the whole Region.

A main priority was to improve the technical relevance of our work. Within the available resources, I streamlined and restructured the administrative support in the Regional Office to free up resources to strengthen much-needed technical capacity.

Of course, the hard work and dedication of the staff contributed to achieving this public health excellence.

The technical capacity was strengthened not only through new recruitments but also by better utilizing existing resources and networks, including collaborating centres and national capacities.

Geographically dispersed offices (GDOs), generously supported by the governments of Germany, Italy and Spain, have contributed substantially to our work. I am grateful for Member States' support to increase the capacity of the Regional Office.

Two years ago, and also last year, the Regional Committee reviewed the GDO policy and achieved consensus on the way forward. I am grateful to you for that.

With the generous assistance of the Government of Kazakhstan, we signed the host agreement for a new GDO in that country for strengthening primary health care.

During this Regional Committee, we will sign an agreement with the Russian Federation to finance a project aimed at strengthening health systems for the prevention and control of NCDs, and to initiate the establishment of the new GDO in Moscow. Funds have already been made available for this purpose.

We are also concluding the host agreement with Turkey on the GDO for preparedness for humanitarian and health emergencies in Istanbul.

For me, a Regional Office with a positive working environment is paramount. This can only happen if the Office has a sound financial footing and prudent management.

We made significant efforts to improve the overall funding situation, and continuously strive for administrative efficiency, and to contain administrative costs. I am confident that today the Regional Office is on a more sustainable path than before.

The aim now is to consolidate and further strengthen internal management and administrative efficiency, while improving technical excellence through peer review and external evaluation, identifying means to further improve the quality of technical work.

Honourable delegates, much has been done and learned since 2010, but our work is not yet finished.

We face a host of new challenges, but also many opportunities. So there should be optimism, because health matters as never before.

I am committed to working with you, Member States and partners, to implement what we have jointly agreed on.

While we work towards "better health for Europe" for all our populations, we also aim to make the continent more "equitable and sustainable".

Thank you for your attention.

Annex 5. Address by the Director-General

Mr Chairman, Excellencies, honourable ministers, distinguished delegates, my very good sister Zsuzsanna Jakab, ladies and gentlemen,

Prior to 23 March of this year, the world's public health communities, also here in Europe, were focused on a number of major health threats, big-picture needs and priorities for the future. Issues like the rise of noncommunicable diseases, antimicrobial resistance, universal health coverage, climate change and the post-2015 development agenda were being debated. Many were looking forward, with great anticipation, to the Second International Conference on Nutrition, being co-hosted by WHO and [the Food and Agriculture Organization of the United Nations] in Rome in November.

The focus of the public health debate changed, at first very gently, on 23 March, when WHO confirmed the first case of Ebola virus disease in Guinea. That announcement of a newly confirmed case barely raised a ripple in the international media. The world, it was felt, would not notice or feel a thing from the outbreak in Guinea. No one was deeply worried at first: not the country, not WHO, not the partners we usually work with during outbreaks, not the key international nongovernmental organizations.

Look where we are today. All of you read the headlines and watch the news. Nearly every single day, on a United States/International Google search, Ebola is either number one or number two among the top 10 news stories. Like other parts of the world, countries in this Region are on high alert for any possible importation of the Ebola virus in an air traveller. Hardly a day goes by without rumours of an imported case at an airport or in an emergency room somewhere in the world.

Governments are right to bring out the hazmat suits and showcase their isolation rooms. This reassures their citizens and their media crews that the country is well prepared to stop further transmission should an imported case occur. This is understandable. The virus is deadly. The disease is dreadful. People are afraid.

Ladies and gentlemen, this is the largest, most severe and most complex Ebola outbreak ever seen in the nearly forty-year history of this disease. This is a fast-moving outbreak, with a number of unprecedented features that is delivering one surprise after another. This is an unforgiving virus that shows no mercy for even the slightest mistake. To date, nearly 300 health care workers have been infected and around half of them have died. Before the outbreak began, the three hardest-hit countries – namely, Guinea, Liberia and Sierra Leone – had only one to two doctors available to treat nearly 100 000 people. The death of every single doctor or nurse diminishes response capacity significantly.

As we look at what this virus has done to affected parts of West Africa, every country in the world wants to keep the Ebola virus out of its borders. What we see is this: decimated families and communities, entire villages abandoned as everyone dies or flees, uncollected bodies, well over 2000 recent and fresh graves, orphans that no one will shelter and hospitals overflowing or shut down entirely. In Liberia, 14 of the country's 15 counties have now reported confirmed cases. The number of new cases is increasing exponentially, yet there is not one single bed available for an Ebola patient anywhere in the entire country.

In trade, tourism and travel, all of sub-Saharan Africa is suffering. The perception out there is that this is an "African disease", that all of the African Region is somehow contaminated. This is, of course, not true. People don't even bother to look at maps. The whole continent is being stigmatized unfairly, unjustifiably. Here is what the Chief of the African Development Bank had to say: "Revenues are down. Foreign exchange levels are down. Markets are not functioning. Airlines and ships are not coming in. Development projects are being cancelled. And business people have pulled out."

In some areas, no health services whatsoever are functioning. Not for HIV/AIDS, malaria, tuberculosis, Lassa fever, typhoid fever, cholera or dengue. Not for childhood diarrhoeal disease and pneumonia, not even immunizations and safe childbirth. Not for anything. As a team of WHO emergency experts observed, “Delivering a baby in Liberia is the most dangerous job on the planet.”

Honourable ministers, can you imagine, just imagine for a moment something like that happening to your country, to your people? I thank the many countries represented in this room, the European Union and others for the tremendous support you are providing to the governments of affected countries and to WHO and other partners. The whole world is watching this disease as we, all together, fight back in a spirit of global solidarity. A humane world cannot let the people of West Africa suffer on such an extraordinary scale.

Ladies and gentlemen, what does this outbreak, that has been making headlines for months, tell us about the state of the world at large? What does it tell world leaders, and the citizens who elect them, about the state and status of public health? I see six things.

First, the outbreak spotlights the dangers of the world’s growing social and economic inequalities. The rich get the best care. The poor are left to die.

Second, rumours and panic are spreading faster than the virus. And this costs money. Ebola sparks nearly universal fear. Fear vastly amplifies social disruption and economic losses well beyond the outbreak zones. The World Bank estimates that the vast majority of economic losses during any outbreak arise from the uncoordinated and irrational efforts of the public to avoid infection.

Third, when a deadly and dreaded virus hits the destitute and spirals out of control, the whole world is put at risk. Our 21st-century societies are interconnected, interdependent and electronically wired together as never before. We see this now with a very dangerous outbreak in Nigeria’s oil and natural gas hub, the city of Port Harcourt. Nigeria is the world’s fourth-largest oil producer and second-largest supplier of natural gas. If not rapidly contained, that outbreak could dampen the economic outlook worldwide. The Nigerian Government has launched a massive response effort and made substantial resources available. WHO has a team, headed by one of its best epidemiologists, on the ground in Port Harcourt. But far too many people had very high-risk exposures on numerous occasions.

Fourth, decades of neglect of fundamental health systems and services mean that a shock, like an extreme weather event or a disease run wild, can bring a fragile country to its knees. You cannot build these systems up during a crisis. Instead, they collapse. A dysfunctional health system means zero population resilience to the range of shocks that our world is delivering, with ever greater frequency and force. We know that higher numbers of deaths from other causes are occurring, whether from malaria and other infectious diseases or zero capacity for safe childbirth.

We do not know precisely the size of this “emergency within the emergency”, as systems for monitoring health statistics, not good to begin with in these countries, have now broken down completely. But you do need to understand this. These deaths are not “collateral damage”. They are all part of the central problem.

No fundamental public health infrastructures were in place, and this is what allowed the virus to spiral out of control. In the simplest terms, this outbreak shows how one of the deadliest pathogens on earth can exploit any weakness in the health infrastructure, be it inadequate numbers of health care staff or the virtual absence of isolation wards and intensive care facilities throughout much of sub-Saharan Africa.

Here is one of the few things that I am glad to see. When presidents and prime ministers in non-affected countries make statements about Ebola, they rightly attribute the outbreak’s unprecedented spread and severity to the “failure to put basic public health infrastructures in place”. Do you think the

messages about the importance of health systems, so forcefully articulated by this Region and so well backed up by your evidence, begun to sink in?

The fifth thing I see is this, and I feel very strongly about this point. Ebola emerged nearly 40 years ago. Why are clinicians still empty-handed, with no vaccines and no cure? Because Ebola has been, historically, geographically confined to poor African nations. The [research and development] incentive is virtually non-existent. A profit-driven industry does not invest in products for markets that cannot pay. We have been trying to make this issue visible for ages, most recently through the deliberations of the Consultative Expert Working Group on Research and Development: Financing and Coordination. This is a subject on which this Region has been extremely active, and I thank you for that. Now people see the reality of this [research and development] failure, this market failure, on TV screens and in the headline news: the world's empty-handed clinicians in their hazmat suits, trying to help Africa's desperate poor, putting their own lives at risk and losing them.

Finally, the world is ill prepared to respond to any severe, sustained and threatening public health emergency. This statement may sound familiar to some of you, because it was one of the main conclusions of the [International Health Regulations (IHR)] Review Committee convened to assess the response to the 2009 influenza pandemic. The Ebola outbreak proves, beyond any shadow of a doubt, that this conclusion was spot on. As you are discussing and debating IHR capacity building, it really disturbs me that so many countries have not built the core capacities for surveillance, detection and response to outbreaks like Ebola. We have no time to lose.

I also see two specific lessons for WHO. One, we must continue to push for the inclusion of health and health systems on the post-2015 development agenda, as we discussed yesterday. We now have much more compelling evidence for doing so, and a much more responsive audience. People are now willing to hear arguments that have fallen on deaf ears for years. Two, the pressures of this outbreak are revealing some weaknesses at WHO, some dysfunctional elements that must be corrected urgently as part of organizational reform, at all three levels of the Organization.

At the same time, I want you to know that this Organization can move very fast and effectively in some key areas. Two weeks ago, we brought together the world's leading experts on the many complex issues surrounding the use of experimental medicines and vaccines during this outbreak. As a result, this could be the first Ebola outbreak in history that can be tackled with vaccines and medicines. For vaccines, testing on human volunteers has already begun. If all continues to go well, two vaccines could be ready for progressive introduction near the end of this year. Some five to ten drugs are being developed as quickly and safely as possible.

Ladies and gentlemen, even if we do manage to get the benefit of these experimental therapies, one thing I can guarantee: we are going to continue to see Ebola outbreaks. Let's get down to business. You have a packed and important agenda. The loud screaming noise about Ebola must not drown out all the other health needs that are crying out for attention.

You will be discussing the first report on the implementation of Health 2020. The Region is at a crucial turning point for immunization. You have a good success story, but it is fragile. You will be looking at noncommunicable diseases, one of the highest priorities for this Region. You will consider ways to invest more in the health of children and adolescents, and what this brings for societies.

HIV/AIDS and malaria are on your agenda, but so is viral hepatitis. Viral hepatitis has finally emerged from obscurity to receive the attention it deserves. Make that attention even sharper.

You will be looking at what can be done to slow the rise of antimicrobial resistance. Some of your heads of state and government have been very vocal in profiling what this trend really means for the survival of modern medicine as we know it.

You must not drop the ball on any of these initiatives.

Polio eradication is on your agenda. I want to assure you: our efforts to finish the job are moving ahead full force. We need top outbreak managers right now for Ebola, but we are not pulling these people away from the very important polio campaign.

Ladies and gentlemen, let me once again thank you. This Regional Committee has one more very important agenda item: to nominate the Regional Director, who is sitting next to me. I know you'll go through the governing-body process, and make the right choice.

Thank you for your attention.

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