ABSTRACT

The European Advisory Committee on Health Research (EACHR) reports directly to the World Health Organization (WHO) Regional Director for Europe. Its purpose is to advise on formulation of policies for the development of health research, review the scientific basis of selected regional programmes, advise on new findings on priority public health issues and evidence-based strategies to address them, and facilitate exchange of information on research agendas and evidence gaps. The Committee held its sixth formal meeting in Copenhagen, Denmark, on 15–16 April 2015. Engaging actively with the Regional Director, it reviewed the implementation of previously agreed actions and the work of its subgroups on migration and evidence-informed policy-making, and updated the EACHR action plan. It reviewed and offered advice on the National Health Research Mapping study; the European health report for 2015; the United Nations (UN) development agenda; and proposals for a new WHO public health journal. It reviewed and offered advice on a range of other WHO areas of work, including key items for the 2015 WHO Regional Committee for Europe. EACHR also identified further issues for its future consideration, including culture and health, the developmental origins of health and disease, and a long-term WHO strategy for the Region.

Keywords: health research, health management and planning, health policy, health status indicators, public health administration, strategic planning

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### Abbreviations

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<tr>
<th>Abbreviation</th>
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<tr>
<td>CCH</td>
<td>cultural contexts of health and well-being</td>
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<td>DOHaD</td>
<td>developmental origins of health and disease</td>
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<td>EACHR</td>
<td>European Advisory Committee on Health Research</td>
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<td>EHII</td>
<td>(WHO) European Health Information Initiative</td>
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<td>EHMA</td>
<td>European Health Management Association</td>
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<td>EIP</td>
<td>evidence-informed policy-making</td>
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<td>EPHA</td>
<td>European Public Health Alliance</td>
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<td>EU</td>
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<td>EVIPNet</td>
<td>Evidence Informed Policy Network</td>
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<td>HEN</td>
<td>Health Evidence Network</td>
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<td>KT</td>
<td>knowledge translation</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>NCD</td>
<td>noncommunicable disease</td>
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<td>NHRS</td>
<td>national health research system</td>
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<td>OECD</td>
<td>Organization for Economic Co-operation and Development</td>
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<td>OWG</td>
<td>Open Working Group</td>
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<td>PHAME</td>
<td>Public Health Aspects of Migration in Europe</td>
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<td>SCRC</td>
<td>Standing Committee of the WHO Regional Committee</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>TB</td>
<td>tuberculosis</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Introduction

The European Advisory Committee on Health Research (EACHR) reports directly to the World Health Organization (WHO) Regional Director for Europe. Its purposes are to advise the Regional Director on formulation of policies for the development of research for health in the Region, to review the scientific basis of selected WHO programmes, to advise on new findings on public health priorities and evidence-based strategies to address them, and to facilitate exchange of information on research agendas and evidence gaps (see terms of reference, Box 1). Its rotating membership comprises public health research experts with a wide variety of specialist knowledge and experience, drawn from Member States of the Region and international institutions.

Box 1. EACHR terms of reference

1. Advise the Regional Director on formulation of policies for the development of research for health in the Region.
2. Review the scientific basis of selected programmes of the WHO Regional Office for Europe, with particular attention to their translational aspects.
3. Advise the Regional Director on new findings emerging from research on public health priorities, and effective evidence-based strategies and policies to address them.
4. Facilitate dialogue and interaction among the public health community, research bodies and funding agencies to exchange information on research agendas in the Region and address evidence gaps for priorities such as noncommunicable diseases (NCDs).
5. Facilitate the compilation and review of the results of major research programmes on public health priorities, and assess their implications for policy at international, national and local levels.
6. Support the development of research potential and capability, nationally and regionally, with special attention to the eastern part of the Region.
7. Pursue harmonization of research activities in the Region with those in other regions and at the global level.
8. Formulate, as appropriate, ethical criteria for public health research.

The Committee held its sixth formal meeting in Copenhagen, Denmark, on 15–16 April 2015. It reviewed and offered advice on a range of important issues, and agreed on a number of recommendations and action points to take forward the priorities set by the WHO Regional Committee for Europe and the WHO reform agenda, within the European health policy framework Health 2020 (1). Engaging actively with the Regional Director, it reviewed implementation of previously agreed actions and the work of its two subgroups on public health and migration, and evidence-informed policy-making (EIP). It updated the EACHR action plan, and reviewed and offered advice on the National Health Research Mapping study; the European health report for 2015; the United Nations (UN) development agenda; and proposals for a new WHO public health journal. It also reviewed and offered advice on a range of other WHO areas of work, including key items for the Sixty-fifth WHO Regional Committee for Europe, to be held in Vilnius, Lithuania, in September 2015. EACHR also identified further issues for its future consideration, including culture and health, the developmental origins of health and disease, and a long-term WHO strategy for the
Region.

**Opening session**

Ms Zsuzsanna Jakab, WHO Regional Director for Europe, opened the meeting and welcomed the participants. Professor Tomris Turmen, EACHR Chair and President, International Children’s Centre, Bilkent University, Ankara, Turkey, underlined the growing importance of EACHR, which was gathering strength after five meetings, and developing multidisciplinary and multidimensional advice that offered a range of perspectives. The objectives of the meeting combined activities agreed upon at previous meetings and items proposed by the Regional Director and members, requesting participants’ feedback and input into a number of key areas of work.

The rotation principle is employed for Committee members. The Secretariat had issued a call on its website for expressions of interest, which was expected to yield several new members in 2016. Ms Jakab welcomed new member Professor Mark Jackson, Centre for Medical History, University of Exeter, United Kingdom, whose knowledge of the medical humanities research field brings a new dimension. She welcomed Ms Eva Falcão, Director of International Relations, Directorate-General of Health, Portugal, representing the Standing Committee of the WHO Regional Committee for Europe (SCRC), as required by the decision of the twenty-second SCRC in 2014. She also welcomed observers from the European Science Foundation and the European Commission.

Ms Jakab thanked former EACHR members who had completed their terms of office: Dr David Heymann, Professor Johan Mackenbach, Professor Liselotte Højgaard and Dr Fimka Tozija.

Members’ declarations of interest were reviewed. Many members receive research funding from governmental and charitable organizations but these do not constitute conflicts of interest. The WHO Secretariat judged that the declared interests posed no conflicts of interest to the meeting objectives.

The Committee adopted the agenda proposed by Mr Tim Nguyen, Unit Leader, Evidence and Information for Policy, Division of Information, Evidence, Research and Innovation. Professor Jane Salvage, independent consultant, United Kingdom of Great Britain and Northern Ireland, was elected meeting rapporteur. The discussions would cover several areas:

- Regional Director’s update on major decisions and events since the fifth EACHR meeting (Copenhagen, Denmark, 7-8 July 2014) (2);
- implementation of previously agreed EACHR actions;
- mapping national health research systems;
- the EACHR subgroup on evidence-informed policy-making;
- the EACHR subgroup on public health and migration;
- Public Health Panorama, a new WHO public health journal;
- culture and health;
- the European health report for 2015;
- key items for the Sixty-fifth Regional Committee in 2015;
- the post-2015 UN development agenda; and
- the EACHR action plan.
Action point

All members who had not yet done so should urgently declare any potential conflicts of interest to the Secretariat in writing.

The Regional Director’s update

Ms Jakab outlined the main strategic issues on the WHO global and European agenda.

Global issue 1: Ebola outbreak and response

The recent global policy group of the WHO Director-General and regional directors focused on the Ebola outbreak. Evaluation showed that the world was ill prepared for major disease outbreaks – of which there would doubtless be more – and there were many lessons for all involved. A minority of Member States were adequately prepared; not all were. A special session of the WHO Executive Board had resolved to bring rates down to zero; to assess the role of WHO in the UN Mission for Ebola Emergency Response, the first-ever UN emergency health mission; to make an interim assessment of WHO’s performance; and to plan for the Global Health Emergency Workforce. All actors, Member States and other partners should agree on how the global health architecture should be modified for greater responsiveness and more rapid resource mobilization. The lack of investment in research and development on neglected tropical diseases should be addressed. Many aspects of the WHO emergency response capacity needed reform, from leadership and governance to technical capacity, management, communication and funding. Health systems tend to be weak in the countries most affected.

Global issue 2: Health on the post-2015 UN agenda

The UN Sustainable Development Goals (SDGs) are due to be finalized in September 2015. There are 17 proposed goals, including one explicit health goal, and many targets, several with a health perspective. Health is well positioned. The next step is to update national development plans and place health in them, making the link between health, Health 2020 and sustainable development, and to ensure funding for the post-2015 agenda. (A later agenda item looked at this issue in detail).

Global issue 3: Antimicrobial resistance

This is now a globally recognized issue, and a global action plan has been finalized for adoption by the World Health Assembly. The Region already has its own action plan, including a surveillance system, and the cross-cutting approach is being used to strengthen coordination of implementation.

Global issue 4: Climate and health

The relationship between climate and health is being discussed at the global level. The impact of air pollution on health is high, but national data are lacking. More intersectoral action is needed. WHO guidance is comprehensive but needs to have clearer priorities.

Topics for future world health days and world health reports

- World Health Day 2016: diabetes
- World Health Day 2017: depression and suicide
- World Health Report 2017: State of the world’s health, including health information systems and “big data”
Regional priorities

Ms Jakab said the policy environment of WHO’s work in Europe has been renewed in the past five years, and new policies, strategies and action plans have been adopted by Member States. A new five-year mandate is beginning with the focus on action and implementation of Health 2020 to promote upstream approaches. These include addressing all the determinants of health, such as behavioural, social and environmental; investing in the public health functions of health protection, prevention and health promotion; improving governance; strengthening the life-course approach; prevention and control of noncommunicable diseases (NCDs); communicable diseases and health security; and environment and health.

The main strategic issues for discussion are intersectoral action for health (health and foreign policy to link health and sustainable development; health, education and social policy for early childhood development and social determinants; and health, environment and transport). Key meetings are being held in Berlin, Paris and Haifa. The new European health report will tackle new frontiers in evidence and reaching beyond targets. There will be strategies and action plans on multidrug-resistant tuberculosis (TB); physical activity; tobacco control; modern health systems; and women’s health. The work on emergency response will be renewed as part of the global process.

Other issues on the margins of the Sixty-fifth Regional Committee include the public health aspects of migration; Lithuanian health policy as a good model; and nursing and midwifery, which will be a substantial item in future years. It will also receive reports on work done on implementing the International Health Regulations (2005), the environment and health process; reaching the Millennium Development Goal (MDG) targets in Europe; and TB.

Ms Jakab said that European institutional partnerships were going well. A joint vision for the next five years of WHO and European Union (EU) collaboration will be launched at the Sixty-fifth Regional Committee.

Looking ahead to the Sixty-sixth Regional Committee, the main strategic issues will be implementation of action plans on NCDs and HIV/AIDS; measles and rubella eradication, and maintaining a polio-free status; malaria eradication; a migration and health action plan; a framework of action towards coordinated and integrated health service delivery; women’s health; and, at the Sixty-seventh Regional Committee, mental health.

She requested EACHR’s help in supporting intersectoral work with evidence. It could also review the women’s health strategy; WHO’s epidemic and pandemic alert response; and the best available evidence on food and nutrition, especially concerning sugar.

EACHR discussion and recommendations

Balancing short-term needs with long-term targets is a key concern for WHO and Member States. It is easier to address goals within reach than those with less clear solutions on issues such as health inequalities and the developmental origins of health and disease. It is difficult to engage other sectors in tackling complex long-term issues, so health sector actors must determine how to foster dialogue and provide good policy briefs. The traditional role of ministries of health is already changing and a further shift is needed so that they see themselves as long-term investors in health.
For emergency and pandemic outbreaks and antimicrobial resistance, the learning and improvement of global governance should continue. WHO needs to provide assertive leadership and coordination. Research funds need to be mobilized rapidly in an outbreak, with immediate ethical testing of new treatments. New vaccines should be ready in advance, which requires better coordination between global research funders, and the continuation of ongoing trials. The State must take the lead in assessing future risk and need; although industry plays a key role. More public–private partnerships are needed to reverse the market failure – that is no investment in “diseases of poverty” – and stimulate joint funding of vaccine and medicines development.

In the area of mental health, there is a need to move “from knowing to doing”. The theme of depression and suicide, a neglected issue worldwide, is a good choice for World Health Day 2017. It could help to influence many countries that have less scientific approaches to treatment and different cultural beliefs.

Ms Jakab encouraged further thinking on how to integrate short-term actions in longer-term perspectives. For example, long-term investment in strengthening health systems will equip countries to deal better with outbreaks. Development aid programmes should be integrated in health systems development, public health and human resources. Preparation for the next inevitable outbreak should include such capacity-building as well as public–private partnerships to invest in tackling neglected diseases and procuring vaccines. She agreed that ministries of health should be supported to play a greater role in tackling the social determinants of health, public health and health system outcomes.

Ongoing work to learn the lessons of the Ebola outbreak should take account of the following:

- Research funds need to be mobilized rapidly in an outbreak, with immediate testing of new treatments.
- Development of new vaccines requires better coordination between global research funders.
- The State must take the lead in assessing future risk and need.
- More public–private partnerships are needed to stimulate joint funding of vaccine development.
- Long-term investment in strengthening health systems is needed to equip countries to deal better with outbreaks.
- Development aid programmes should be integrated in health system development, public health and human resources.

**Action points**

Members will seek further specific suggestions on how WHO, Member States and ministries of health can integrate short-term actions in longer-term policy perspectives, including fostering intersectoral dialogue and supporting intersectoral work with evidence.

- Review policy briefs that highlight the links between health and other sectors.
- Review the main action areas between sectors.
Update on previously agreed EACHR actions

Dr Claudia Stein, Director, Division of Information, Evidence, Research and Innovation, presented and reviewed the action points agreed by EACHR at its fifth meeting. Agreed actions have been and are being implemented on health inequities and the Roma population; public health genomics; the WHO web portal for disseminating health information; capacity-building; mapping European national health research systems; health information strategies; and EACHR rules, procedures and other administrative issues. Two EACHR subgroups were working on public health and migration, and evidence-informed policy-making. Ongoing work and other issues arising would be discussed in more detail later in the meeting.

Dr Stein also gave further information on the expansion of the WHO European Health Information Initiative (EHII). Its values and principles align with EACHR’s work. Launched in 2012 with start-up funding from the Ministry of Health, Welfare and Sport of the Netherlands, EHII is a multipartner network committed to improving the health of the people of the Region by improving the information that underpins policy. This involves fostering international cooperation to exchange expertise, build capacity and harmonize data collection. Through these objectives, EHII contributes to integrating health information activities and developing a single integrated health information system for the Region. Eleven Member States and institutions, including a charitable foundation, contribute to specific EHII activities through funding and/or contributions in kind. EHII held its first formal steering group meeting in Copenhagen, Denmark, on 24–25 March 2015 (3). The steering group received and discussed background information and updates, and reviewed and offered advice to the WHO Secretariat on the EHII scope, strategy, terms of reference and action plan for 2015–2017.

Mapping national health research systems

Dr Roberto Bertollini, Chief Scientist and WHO Representative to the EU, Office of the Regional Director, WHO Regional Office for Europe, gave a final report on the project to map European national health research systems (NHRS). This exploratory study of 17 countries has four main partners: the European Public Health Alliance (EPHA); the London School of Hygiene and Tropical Medicine, United Kingdom; the Università Cattolica del Sacro Cuore, Rome, Italy; and the WHO Regional Office. It was prompted by the need for better understanding of health research capacity in the Region, and for capacity to embed scientific evidence in public health policy and practice in specific national contexts.

The mapping exercise had two components. First, the capacity of NHRS was surveyed using the concept and questionnaire of the Council on Health Research for Development, which is used in other WHO regions and enables comparability. Methodological inclusion criteria resulted in the survey being conducted in 17 Member States: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Montenegro, the Republic of Moldova, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey, Ukraine and Uzbekistan.

Key informants were identified using snowball sampling, starting from the network of stakeholders of the partner institutions. Each stakeholder was sent an email with an information sheet, invitation to participate, and questionnaire and consent form in English and Russian. They were asked to read the information, sign the form and complete the questionnaire, and subsequently to suggest other potential key informants. Responses were collected in March–June 2014.
Data abstraction was conducted by extrapolating and mapping all the information. The information was validated by investigating documents and links provided by the key informants (even though rarely available), and through a desk-based exercise (complex due to the scant availability of the required information on the Internet). The country-specific findings were sent to the informants for further validation.

Second, a bibliometric assessment provided insight into the public health-related research output of the 17 countries. The study analysed the number of publications per year per country, and the percentage of these devoted to the 10 WHO Essential Public Health Operations. It considered studies written in English or Russian listed in international databases. Publication was allocated to countries on the basis of the corresponding author. Inclusion criteria led to 935 identified studies from 2008 to 2013. Acknowledging the limitations, the assessment concluded that countries’ outputs varied widely.

The study report is now being finalized for publication and dissemination. To the best of the researchers’ knowledge, it is the first attempt to describe systematically health research capacity in countries, including those of the former Soviet Union and south-east Europe. The study concludes that public health research capacity is limited in the 17 countries, and most of it is concentrated in four countries that account for nearly half the publications identified. Several of the countries studied have no plans to establish an NHRS.

Dr Bertollini presented ideas for ways forward, for discussion by EACHR:

- sustained investment in the countries to develop comprehensive NHRS strategies involving both education and career paths;
- mechanisms to provide financial support for policy-relevant research to scientific institutions, including incentives for the return of researchers trained abroad;
- mechanisms to encourage open international collaboration, including exchange of data and samples; and
- raising awareness among policy-makers of the importance of national research for policy-making.

EACHR discussion and recommendations

Ms Jakab and EACHR members expressed pleasure that the study was nearing completion, and commended the work, done with limited resources and much voluntary effort. All agreed that it was very important, would provide useful insights, and be an excellent foundation for further work. They thought the findings had face validity.

The study should be explicit about the methodological limitations, as also discussed in previous EACHR meetings. The sensitivities of presenting country-specific comparative data were noted, since country data were not validated. The results should be presented in an aggregated way and highlight good practices; ranking of countries was not advisable.

The figures on research publication were inevitably not comprehensive and might be the tip of the iceberg, but the difficulty of getting studies from these countries published was acknowledged. Peer-reviewed international journals have different publishing policies, and there is a bias against publishing work from smaller countries and those with no track record of publication. Language barriers and lack of research mentorship are also challenging. A recent series in The Lancet on research shows that many studies are never published in full and an estimated 85% of research is
wasted (4). Only a minority of journals with “public health” in their title are open access; WHO should promote an open-access publishing model.

International organizations have a role in undertaking and supporting research in countries with less developed NHRS. The US National Institutes of Health are developing an international initiative on health research collaboration, building on previous work on randomized controlled trials. Discussions are under way with support from the Organization for Economic Co-operation and Development (OECD).

Further studies should be considered that augment these results from other perspectives, including reviewing the profiles of the excluded countries to paint a full picture of all Member States.

EACHR endorsed this type of activity as indicative. A single commissioned study that provides useful information may be the starting point of a more programmatic approach to public health research.

WHO should continue to partner with countries and international partners to develop NHRS capacity, especially in those countries whose systems need modernizing, and stimulate change in the shorter- and longer term. It should help countries to find better ways of publishing their work.

**Action points**

The study authors should be asked to consider these points and, if necessary, refine the study and its recommendations further before publication.

The Secretariat should engage with Member States to decide how best to disseminate the findings and use them as a spur for debate and action, as part of a sustainable programme. This might require a dedicated meeting. It could be linked with other WHO publishing and dissemination work, perhaps through identifying a collaborating centre to work in this area.

The findings of this analysis and subsequent action should be integrated in the Evidence Informed Policy Network (EVIPNet) project, including country case studies and the EVIPNet situation analysis of health research systems and capacities. The EVIPNet process and engagement with governments should be used to elicit further information that augments the study results.

The Secretariat will consider how to integrate this work with the proposed global research and development observatory.

(The later agenda item on Public Health Panorama, the new WHO public health journal, addressed relevant points arising from this session.)

**Public health and migration**

Professor José Pereira-Miguel, Professor of Preventive Medicine and Public Health, University of Lisbon, Portugal, member of the EACHR subgroup on public health and migration, introduced the item with Dr Santino Severoni, Coordinator, Public Health and Migration, Division of Policy and Governance for Health and Well-being, WHO European Office for Investment for Health and Development.
In 2008, a World Health Assembly resolution on the health of migrants called on Member States to develop migrant-sensitive health systems, strengthen the collection of evidence and information to support policy formulation, and promote equitable access to services (WHA 61.17). Considerable progress has been made but there is still much to be done to ensure that it is fully implemented. As migration is a high priority on the political and policy agenda in Europe, the Regional Office established the Public Health Aspects of Migration in Europe (PHAME) project.

At its fifth meeting, EACHR agreed to form a subgroup on public health and migration to review the PHAME strategic framework. The subgroup is a WHO cross-divisional collaboration between the Division of Policy and Governance for Health and Well-being, and the Evidence and Information for Policy Unit in the Division of Information, Evidence, Research and Innovation. Its members were Professor Pereira-Miguel, Professor Catherine Law, Professor Walter Ricciardi and Dr Fimka Tozija, supported by Dr Roberto Bertollini, Mr Tim Nguyen, Dr Santino Severoni and Ms Ryoko Takahashi from the Secretariat.

EACHR had also recommended that WHO should commission three Health Evidence Network (HEN) reports on the challenges facing three groups that require different policy approaches: undocumented migrants; labour migrants; and refugees, asylum seekers and newly arrived migrants. Rather than promoting new research, existing evidence should be synthesized and packaged for policy-makers. These evidence synthesis reports will comprise the first review of migration and health in all 53 Member States, mapping the situation and establishing a baseline.

The subgroup defined the policy questions to which the HEN reports should respond as follows: “Which policies and interventions work to improve reduction of inequalities in accessibility and quality of health-care delivery for undocumented migrants, labour migrants, or refugees, asylum seekers and newly arrived migrants?” The report for each group of migrants will review the current situation, summarize existing research and gaps, review health indicators, and offer policy options and considerations.

The subgroup reviewed the terms of reference of the call for expressions of interest in producing the reports. These said the literature review should consider all Member States and reflect on existing knowledge, knowledge gaps, and new information and research needs. The Secretariat launched a public call for proposals in November 2014 and received 15, which it evaluated against the agreed criteria. It was decided that a different institution should be selected to produce each report, to minimize potential risks such as lack of personnel and capacity. This also supported the subgroup’s intention of expanding the network and research collaborations.

The following institutions were selected: the Institute of Public Health of the Università Cattolica del Sacro Cuore, Rome, Italy (undocumented migrants); the Medical University of Vienna, Austria (labour migrants); and Uppsala University, Sweden (refugees, asylum-seekers and newly arrived migrants). Work is under way and the reports will soon be ready for external peer review, with a target publication date of September 2015. Three institutions that were not selected but presented strong proposals have expressed interest in contributing as peer reviewers.

Dr Severoni said high-level commitment was required to ensure multidisciplinary and comprehensive approaches to resolving public health issues related to migrants, and addressing inequalities in access to health services. Hard facts could challenge media myths, stereotypes and ungrounded assertions.
The Regional Action Plan on Migration in Health for 2015–2016 requires the best available evidence on migration and health, and policy considerations for policy-makers. These HEN reports will be a significant input for technical consultation, and will serve as background papers for a consultation meeting of Member States. Ad-hoc opportunities using existing platforms will also be sought to launch the reports.

**EACHR discussion and recommendations**

The issues of definition and classification are challenging. Financial and political constraints are leading Member States to define types of migrants in their policies so that they can apply different criteria concerning their rights, health care, legal processes, and so on. Valid differential definition of migrant groups is essential for effective reviews and research, and to safeguard human rights.

It is important to understand the problems of subgroups within the three broad categories. Concerns include mental health, especially the needs of children and adolescents, including unaccompanied minors. Health problems arising from lost identity, traumatic journeys and family break-up need more attention. Undocumented migrants may be deprived of services that are their right while they are processed, and may not have access to necessary health services. Even in high-income countries, equality of access to health services is not guaranteed, and this should be documented.

There is already much information available but there are gaps, and data collection is a challenge. Countries that feel a need to respond to immigration pressures are establishing units to collect data, but ministries of health are rarely involved. The lack of a common platform or database on migrants hinders stakeholder coordination and information-sharing.

The spread of communicable diseases such as Ebola through migration shows that ministries of health need to become more engaged. There is also evidence that migrants are quickly exposed to risk factors in new environments with which they are not familiar, such as unhealthy food choices, indicating the need for work on NCDs.

The financial implications of immigration for taxpayers are an important political consideration, in terms of both the economic benefits migrants bring, and the extra service provision needed (although lack of action on health issues is also costly).

Ms Jakab highlighted the potential spread of infectious diseases from migrants’ countries of origin, some of which lie outside the Region. This calls for cross-regional collaboration on epidemiological factors and preventive measures such as immunization in countries of origin. The gathering and dissemination of evidence by PHAME will be accompanied by policy recommendations for ministers, with a focus on the economic aspects of prevention. The issues are usually the responsibility of ministries of the interior, which means that security dominates the discussion. Independent processes are needed to introduce and promote policy recommendations.

**Action points**

- Ensure that the perspectives and findings of the three HEN reports are fully integrated and presented as “food for thought for action”. The reports should be launched and discussed at a
conference in autumn 2015 to enhance the process of engaging Member States at policy level. The Newly Independent States and the Eastern Mediterranean Region should be engaged. Strong media coverage should be encouraged.

- Identify other ad-hoc opportunities to publicize the HEN reports using existing platforms.
- Check and disseminate data on illness prevalence among migrants of diseases such as Ebola and HIV/AIDS that are regarded as security threats, and fuel misconceptions about migrants and health.
- Record and disseminate success stories on migration and health, and find evidence and record positive experiences of how migrant health issues are tackled through intersectoral collaboration.
- Highlight the impact and cost implications of not investing in migrant health.
- Seek and use opportunities to evaluate “natural experiments” when commissioning further research.
- Consider migration within the Newly Independent States in future work and reach out to the WHO Eastern Mediterranean Region.
- Work closely with other international organizations, including the OECD migration unit.

**Evidence-informed policy-making**

EACHR established an EIP subgroup at its fifth meeting. It has five members: Professor Mark Leys (Chair), Professor Helmut Brand, Professor John-Arne Røttingen, Professor Göran Thomson and Professor Vasiliiy Vlassov, supported by Ms Tanja Kuchenmüller, Technical Officer, Evidence and Intelligence for Policy-making, Division of Information, Evidence, Research and Innovation, and Ms Olivia Biermann, from the Secretariat. Professor Leys and Ms Kuchenmüller presented an update on its work.

Health policy decisions are influenced by a wide variety of factors, and scientific evidence often plays only a minor role. EIP aims to ensure that the best available scientific evidence is used to formulate health policies to improve health. This is particularly important for implementing Health 2020. Efforts have been initiated in the Region to increase understanding of EIP, raise awareness of tools and resources, identify capacities for knowledge translation (KT), and support countries to engage in and foster EIP. Greater commitment is needed to establish and scale up mechanisms to improve linkages between policies and available research evidence.

The subgroup developed a paper suggesting four options on how the Regional Office could strengthen EIP. This was submitted to the SCRC, which expressed strong support. It asked WHO to consolidate EIP actions by the Secretariat, and develop an accelerated roadmap of actions.

The subgroup also advised on and attended the First Technical Expert Meeting to enhance EIP in the Region, held in Vilnius, Lithuania, on 29–30 January 2015. Stakeholders reiterated the need for an accelerated roadmap, and agreed on four strategic objectives (Box 3) and 12 actions.

Ms Kuchenmüller outlined the next steps the subgroup proposed:
1. implementation of the accelerated roadmap, including stakeholder mapping; development of an EIP survey questionnaire; and collaboration and participation at the European Health Management Association (EHMA) and EPHA annual conference;
2. internal WHO assessment of EIP/KT tools and activities;
3. update of activities to be shared and presented at a technical briefing at the Sixty-fifth Regional Committee;
4. draft letter/commentary on EIP in The Lancet.

Box 3. Four strategic objectives for strengthening EIP in the WHO European Region

<table>
<thead>
<tr>
<th>Objective 1: Develop awareness and create commitment in the Region to improve the culture for and practice of EIP. Member States commit to EIP as a critical component of developing health programmes and policies, conforming to the vision of Health 2020. They undertake in-country initiatives, and engage in international platforms to raise awareness among the local policy and research communities on the content and relevance of both EIP and KT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 2: Build national EIP capacities for the implementation of Health 2020 and other national health agendas. Member States engage in reducing the barriers to the use of evidence in public health and health systems decision-making at the individual, organizational and institutional levels.</td>
</tr>
<tr>
<td>Objective 3: Convene regional networks of excellence and share best practices in EIP. The Secretariat and Member States convene regional networks of excellence for EIP and share best practices in strengthening public health and health systems.</td>
</tr>
<tr>
<td>Objective 4: Develop, use and evaluate tools and mechanisms to support EIP. The Secretariat and Member States engage in the development and improvement of the use of mechanisms to support EIP.</td>
</tr>
</tbody>
</table>

**EACHR discussion and recommendations**

Professor Leys invited comments and suggestions on how to improve outreach and spread the EIP message, and on the proposed next steps. He said momentum was building and the challenge was to make the work concrete through capacity-building networks.

Members welcomed the idea of seeking to publish letters and commentaries in a range of publications. It is important to reach out to people in other fields, and to learn from them, for example, the European Environment Agency’s thinking on dissemination and KT, and the work of the European Food Safety Authority.

Different fields have very different approaches to EIP, and different scientific criteria, conceptual understandings, priorities, mindsets and approach to risk, so more integration would be very useful. It was stressed that evidence synthesis must be the foundation to inform every health policy.

The work aligned with the interest of the Wellcome Trust in evidence to inform policy, and create pathways to open access, going beyond the limits of conventional ways of sharing knowledge, so a link might be productive.
There is no readily available tool to monitor uptake of evidence in policy. Such a tool could highlight disparities between countries and change awareness. Evaluation of success could start with surveying policy decisions that impact on health, where EIP review processes exist in Member States, and asking how far they are evidence informed at the level where policies are made.

**Action points**

- Learn from evidence-informed policy initiatives in other fields, such as health and the environment.
- Develop a media plan and share useful contacts.
- Build links with other institutions, including the Wellcome Trust, and other networks: members to send contact details to Professor Leys.
- Develop a research agenda to assess uptake of evidence.
- EACHR to participate in the Global Evidence Synthesis Summit, 13–14 June 2015, Oslo, Norway, which aims to engage evidence synthesis organizations, their member institutions and evidence synthesis producers to promote the importance of evidence syntheses to inform policy, practice and personal decision-making.
- The subgroup’s work should be a standing item at future EACHR meetings.

**Public Health Panorama, the new WHO journal**

Mr Nguyen introduced the new Regional Office journal, Public Health Panorama, to be launched in 2015. It is a bilingual, open-access journal aimed at the dissemination of good practices and new insights in public health, paying particular regard to translating knowledge and using evidence in the policy-making process. Its publication in both English and Russian will enable it to bridge the eastern and western parts of the Region, and link Russian-speaking researchers with counterparts in western Europe.

WHO publishes regular public health situation updates through the European health reports and its annual publication on core health indicators. However, it lacks a journal to publish health policy success stories and public health research from across the Region. This is particularly relevant to the national-level roll-out of Health 2020 policies. The journal should assist implementation by publicizing country-specific and/or regional best practices and case studies, particularly in policy, and providing timely and reliable information for decision-makers.

It may also help to build publishing capacity in eastern Europe and the central Asian republics. Data on the origin of first author institution in selected journals in 2013 highlight a major disparity: 68% of the articles were by academics from western European institutions, while only 3% (12) had their first author affiliated with an institution based in eastern Europe or the central Asian republics. Even current journal formats affiliated to WHO e.g. the Bulletin of the World Health Organization and EuroHealth have very few manuscripts – 5 of 1156 and 15 of 386 in total, respectively – published from Russian-speaking authors.

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1 Based on the country of first or corresponding authors affiliating institution over a ten year period.
Almost 222 million people speak Russian as their native language or on a regular basis in 16 of the Region’s 53 Member States. Some work in public health, conduct research or are involved in putting national and WHO policy frameworks into action. Yet their scientific findings and opinions are usually published only in Russian in national or regional information products, which often remain invisible to the rest of the world. The Regional Office believes that launching this journal can go a long way towards addressing the persistent east–west disparity in access to dissemination resources.

The bilingual journal is expected to reach a large audience and foster collaboration between the Regional Office and the Region through the widest possible dissemination in open-access format, with full free access to all issues online. Its production will be low cost, but its impact can be high and valuable. The journal will have various types of contribution: case studies, essays on the general health policy landscape, reports on high-level meetings, policy briefings, original research articles, short reports, literature reviews, study protocols, editorials, letters to the editor, and responses to published materials. Some will be peer reviewed for quality control. Articles can be submitted in Russian or English, and will be translated into the second language.

The Division of Information, Evidence, Research and Innovation hosts the secretariat of the journal. The Regional Director will be editor-in-chief, and the editorial board will comprise experts from academic institutions and WHO staff.

The journal website will be launched in May 2015, with the first issue in June 2015. Plans are well advanced for the first two issues. An end-of-year evaluation is planned. An open online submission system will be introduced in 2016, followed by a research capacity-building strategy.

Mr Nguyen invited EACHR members to submit manuscripts, editorials, perspectives and commentaries; act as peer reviewers; and propose themes for future issues. There were places for two members on the editorial board.

**EACHR discussion and recommendations**

Members welcomed the proposal, and some with expertise in publishing offered to help in various ways. They warned that starting a new journal was a tough proposition in a competitive, crowded field. There was concern that the editor-in-chief role of the Regional Director might compromise perceptions of editorial independence, but it was agreed that the strong benefits outweighed any perceived disadvantages.

**Action points**

- Conduct the proposed evaluation of the journal only when it has fully evolved, after several issues.
- Identify the readership more specifically to ensure appropriate content and publicity.
- Explore the possibility and cost–effectiveness of subscribing to an existing online submission system.
- Consider whether peer review should be open, with the reviews published alongside the article.
Consider publishing commentaries alongside major articles by well-known commentators from the research and policy worlds.

Consider whether all submissions should be reviewed by the editorial board to ensure quality.

Consider alternating themed issues and open issues to allow flexible and timely use of relevant content.

Consider producing authoritative series on specific topics with guest editors, to advance WHO public health agendas with scientific rigour.

Engage with institutions such as schools of public health, particularly in the eastern countries, to generate contributions.

Encourage capacity-building by nurturing young researchers and perhaps devoting a section to doctoral students’ reports.

Consider how to establish and measure the journal’s impact factor.

Encourage other journals published or influenced by WHO to broaden their authorship and solicit contributions from all parts of the Region.

The cultural contexts of health and well-being

Professor Jackson and Dr Nils Fietje, Research Officer, Division of Information, Evidence, Research and Innovation, gave a joint presentation on key issues, concepts and research implications of culture and health. Dr Fietje said Health 2020 was a values-based, people-centred public health approach that made room for the subjectivity of human experience. Its multisectoral and interdisciplinary approach emphasizes well-being, which will be measured using a mix of objective and subjective indicators. The challenges include definitions, on which there is no consensus, subjectivity, cultural bias and reporting. Member States have asked how WHO can improve its reporting on well-being without adding to their reporting burden, and report meaningfully on subjective well-being across such a culturally diverse region.

The Regional Office has therefore launched a project on the cultural contexts of health and well-being (CCH), initiated with a meeting of experts in Copenhagen, Denmark, on 15–16 January 2015, chaired by Professor Jackson (5). The aim was to provide advice on how to consider the impact of culture on health and well-being, and how to communicate findings from well-being data across the Region. Bringing together researchers working across disciplines, including medicine, public health, communication, philosophy, psychology, medical anthropology and the history of medicine, the expert group hoped that its innovative cross-disciplinary work would make health policies more effective by identifying cultural enhancers of and cultural obstacles to health and well-being.

The expert group recommended that WHO:

- establish an expert working group to explore the cultural contexts of health and well-being from an interdisciplinary perspective;
- adopt the UN Educational, Scientific and Cultural Organization (UNESCO) definition of culture (Box 4), and commission policy papers to suggest how this definition can be studied systematically and integrated in Health 2020 priority areas;
- identify existing quantitative and qualitative research, and narrative case studies that illustrate the impact of culture on health and well-being, and identify useful policy interventions;
• encourage more research into the cross-cultural measurement and comparability of data on subjective well-being;
• enhance well-being and health reporting through the use of new types of evidence, particularly qualitative and narrative research from a larger variety of academic disciplines and from a wide array of cultural contexts; and
• explore culture-centred, participatory approaches that engage local communities to explore what it means to be well and healthy, and foster avenues of communication for sharing cultural resources of well-being and health.

Box 4. The Universal Declaration on Cultural Diversity, 2001

Culture is “the set of distinctive spiritual, material, intellectual and emotional features of society or a social group, and that it encompasses, in addition to art and literature, lifestyles, ways of living together, value systems, traditions and beliefs”. – UNESCO (6)

Professor Jackson then reflected on the interplay between culture, health and well-being. The 2014 Lancet Commission on Culture and Health aimed to develop new models of well-being and care across cultures (7). Its topics of inquiry were cultural competence (how people communicate across cultural divides), the adverse effects of health inequality, the structure and function of communities of care, and the social conditions that undermine or improve human well-being (how personal health relates to the presence or absence of social trust). Its report concluded, “the neglect of culture in health is the single biggest barrier to advancing the highest attainable standard of health worldwide”. Failing to recognize the intersection of culture with other structural and societal factors creates and compounds poor health outcomes, multiplying financial, intellectual and humanitarian costs, while failing to acknowledge that culture leaves its negative effects unaddressed and its positive potential for providing new models of thinking unrealized.

“Why is this interest in CCH happening now and why should we pursue it?” This is a moment at which the paradigm might change and new approaches emerge. Reflecting on the influence of Health 2020, the European health report 2012 (8) had renewed interest in well-being as a marker of social progress, and created a space for considering cultural as well as other health determinants. It said the field of measuring well-being would benefit from additional clarity and more rigorous assessment methods. Programmes such as the WHO Mental Health Action Plan 2013–2020 were acknowledging the need for health services and approaches that were appropriate to individual countries and cultures, although the meaning of culture was rarely pursued.

Professor Jackson said the “fifth wave” of public health was partly a product of concerns about well-being and the failure of previous approaches based on risk factors. It advocates a holistic, participatory, cross-sectoral and multidisciplinary approach that recognizes subjectivity in order to tackle modern health challenges such as obesity, inequality and the loss of well-being. The interest in culture, health and well-being is not new, as shown in many studies from many disciplines from the 1960s onwards. However, multiculturalism and cultural diversity demand new ways of thinking about culture and health. Interdisciplinarity addresses not only the poverty of resources but also the poverty of research, prompting investigation of new sources, evidence and methods.
There are many research challenges: definitions need to be clarified for developing indicators; how to listen to diverse voices and to each other across time and space; communicating, collaborating and understanding what cultures mean by ill health and how they deal with it. This is not trying to set culture apart, but to highlight its importance in the health context.

Dr Fietje outlined the next steps. The expert group should be coordinated to develop a strategy document and establish subgroups on advocacy, research and reporting – mindful that well-being issues are being considered by a separate group. Its planned outputs are:

- a position statement on culture and health;
- a HEN review of measures of subjective well-being;
- a HEN review of narrative methods in health reporting;
- an editorial for the British Medical Journal;
- an annual expert group meeting.

The presenters concluded with some questions for EACHR:

- Are the three proposed subgroups appropriate?
- Are there further research areas to focus on, in relation to the Region’s main health challenges?
- What are the main challenges in relation to mainstreaming culture into health?
- Are there other groups to tap into?
- How might EACHR be involved?

EACHR discussion and recommendations

Professor Róza Ádány, Head of the Department of Preventive Medicine, University of Debrecen, Hungary, said it was high time to develop this type of thinking. Members agreed enthusiastically and made many suggestions.

CCH is WHO’s most complex but perhaps most important public health agenda. Cultural factors interact with preventive actions, and we need to understand how effective interventions are shaped by culture. The spread of many diseases, such as Ebola discussed earlier, is highly dependent on cultural factors. Migrant health and healthy ageing might also be useful sources of evidence.

The notion of “more effective reporting” needs explication, especially as WHO needs to make comparisons in order to report. Self-assessment of well-being is a perception and therefore valid per se. We should address determinants that can help explain differences across cultures, and avoid the trap of looking for a definition of well-being that is not culturally determined. Subjective/objective considerations are not separate, and not a dichotomy. Do we need to think about how to objectify the subjective? Health is a societal issue.

Generating evidence on complex interventions is not the same as measuring impacts, and implementing and monitoring interventions require different research methods. Cultural relativism is a challenge. The normative approach tries to understand culture and tries to anchor it to norms, for example, by creating individual perceptions in a general setting. Public health is about generalizability – trying to measure and compare – but the humanities in medicine take us away from that, towards the heart, mind and other dimensions. How can those dimensions be brought into population health? CCH means working on the boundaries of different epidemiological traditions.
How can the evidence base be developed for disenfranchised groups who do not have a voice, especially children, who will determine well-being in future?

The CCH project needs a working conceptual model to distinguish the different dimensions, and demarcate the field clearly. Measuring well-being and culture at the population level is a much more distant prospect. There are many levels of cultural diversity and we need to be clear which of these are under discussion here.

Professor Jackson responded with appreciation of the high interest and valuable feedback. He acknowledged a strong sense of the need for reflection and clarity on the direction of travel. Semantic problems are inevitable, as terminology itself is culturally determined and culturally specific, and influences how information is collected in different settings, languages and cultures. We need to understand the relational aspects of health and well-being, and ensure that we continue to talk across disciplinary boundaries and across sectors in order to maximize the design and impact of research projects.

A clear conceptual model should point to what topics and themes would help to identify cultural dimensions and enable the use of other data, such as narratives.

**Action points**

There was strong endorsement that the CCH project should continue with EACHR support. The WHO expert group should:
- consider how its membership can fully reflect cultural diversity;
- develop a conceptual model;
- ask the three subgroups to think the model through in the context of what the well-being group has tabled, and in the context of what else needs to be done;
- understand its advocacy work as not just marketing CCH, but also sharing different types of knowledge;
- consider whether the place of the humanities in health professional education is part of its remit.

**The 2015 European health report**

Dr Marieke Verschuuren, Medical Epidemiologist, Health Information, Monitoring and Analysis, Division of Information, Evidence, Research and Innovation, gave a presentation in her capacity as editor-in-chief of the European health report 2015. The triennial reports are a flagship corporate product of the Regional Office, and now a platform for reporting on Health 2020.

The 2015 report is now in production and no further changes can be made; its content is still confidential. Its theme is provisionally “Targets and beyond – reaching new frontiers in evidence”. Its main aims are to report on progress towards the Health 2020 targets since the 2010 baseline, and to highlight new frontiers in health information and evidence, including subjective well-being measurements.

EACHR had been approached to review the draft report, as it was for the 2012 report, and 11 members provided helpful feedback. In general, they were positive, finding the report interesting, informative and easy to read. There were divergent views on the chapter on well-being and its
cultural contexts, with requests to define the key concepts better, explain the terminology, and make it more concise.

The reviewers thought the report should place more emphasis on children, women, life-course and vulnerable groups. They found too much repetition, and overlap between key messages and conclusions in the chapter on progress towards targets. There was too much emphasis on incompleteness and unavailability of data. They noted discrepancies between national data on obesity and the WHO estimates in the report. There was a request to show data on policy implementation using qualitative indicators at Member State level.

The report was being finalized in English and the internal clearance process was under way. Hard copies would be ready for the Sixty-fifth Regional Committee in September, and a Word version in Russian. Highlights in English, Russian, German and French were being produced in parallel.

Dr Verschuuren concluded with an observation that some opportunities and challenges identified in the forthcoming report, which were related to reaching targets and policy priorities and to health information, could help EACHR to refine its next steps and triangulate its work with EHII and the WHO expert group on CCH.

**EACHR recommendations**

Professor Turmen commended WHO for its positive response to EACHR members’ critiques. Professor Philippe Grandjean, Institute of Public Health, University of Southern Denmark, raised the issue of how much we need to know before we act, saying that there is an ethical requirement to act rather than just do more research while people are in need. Despite uncertainties, there is already much information, and decisions have to be made. He proposed the use in future reports of certainty assessment criteria such as those applied in reports from the Intergovernmental Panel on Climate Change.

**Sixty-fifth WHO Regional Committee for Europe, 2015**

Regional Office staff gave presentations on key issues to be discussed at the Sixty-fifth Regional Committee. These were mainly for information. EACHR members were invited to comment and to offer further advice to WHO programme managers in writing.

**The life-course approach**

Dr Gauden Galea, Director, Division of Noncommunicable Diseases and Health Promotion, outlined plans for “Act early, act on time, act together”, the WHO European Ministerial Conference on the life-course approach in the context of Health 2020, to be held in Minsk, Belarus, on 21–22 October 2015. Hosted by the Ministry of Health of Belarus, the conference is being organized by the Regional Office, supported by the UN Development Programme, the UN Population Fund and the UN Children’s Fund. It will consider existing evidence in support of the assertions that health is an asset that grows or declines every day throughout the life-course, and that there are critical stages in life at which governments can act to maximize the health potential of the entire population. It will present new findings from the environmental, economic and social sciences, genetics and medicine, and link them with public health interventions.
This will be the first European ministerial meeting to discuss applying the life-course approach to the implementation of Health 2020, and the first occasion that ministers of health will meet following the adoption of the UN SDGs. It aims to build a compelling case for public health action to improve health using the life-course approach, with three main objectives: to review new evidence on the factors that engender or damage health across life stages and across generations; to examine the policy implications of this evidence for the health sector and for the whole of government; and to adopt an action framework in the form of a conference declaration as a resource for countries that wish to apply these findings in public policy-making.

Professor Grandjean, as a member of the meeting’s scientific advisory committee, underlined its importance. Epigenetics research is highlighting the developmental origins of health and disease (DOHaD), suggesting that interventions are needed at the very beginning of life, and heralding a paradigm shift in diagnosis and care. The recognition that a good beginning to life lasts a lifetime should be the beginning of a new approach for WHO. Members welcomed his proposal that EACHR should consider further work in this area.

Environment and health

Dr Srdan Matic, Coordinator, Division of Communicable Diseases, Health Security and Environment, said there would be two discussions on environment and health at the Regional Committee. Both were likely to be shaped by a high-level meeting on environment and health in Europe (Haifa, Israel, 28–30 April 2015), with over 200 representatives from European countries, and international and nongovernmental organizations. Progress (or lack of it) since 2010 would be measured, and Member States’ commitments. WHO was producing a stream of new reports, including the results of major surveys on water and sanitation; action related to climate change; human biomonitoring; policy on children’s exposure to environmental hazards; and the economic cost of air pollution in Europe, an invisible killer.

Discussion highlighted the good collaboration and exchanges of differing views with OECD, and the cross-divisional approach in the Regional Office that was reinforcing awareness of environment and health.

It also highlighted the effects of air pollution in pregnancy, associated with children’s loss of brain substance. These impacts were vastly underestimated through lack of evidence, and EACHR could demand more studies to underpin future action and change approaches radically over the next decade. Politicians needed persuasion to be ready for the next findings.

Women’s health and inequalities

Ms Isabel Yordi, Technical Officer, Evidence and Information for Policy, Division of Policy and Governance for Health and Well-being, outlined the impact of inequalities on women’s health in Europe. Uneven access to sexuality education, effective contraception and other quality sexual and reproductive health services; sex selection; bride kidnapping; gender-based violence and female genital mutilation are among the most striking forms of gender-based discrimination in the Region.

At a briefing on women’s health at the previous Regional Committee, Member States expressed interest in a greater focus on the impact of gender and socioeconomic inequities on women’s health, and the need to develop a sexual and reproductive health strategy for Europe for both women and men. In response, WHO is developing a report for presentation at the upcoming Regional
Committee to advance and protect the health of women in the Region. This will build on existing work, reference current Regional mandates and priorities on women’s health, and explore any gaps in existing strategies. It will identify the key factors needed to improve women’s health and reduce inequalities among women across and within countries, and acknowledge that gender inequalities and socioeconomic and cultural determinants have a strong impact on women’s health.

**Physical activity**

Dr Joao Rodrigues da Silva Breda, Programme Manager, Nutrition, Physical Activity and Obesity, gave an overview of the draft WHO Regional Physical Activity Strategy for 2016–2025. This is the first time there has been a strategy for physical activity alone. It has aroused much interest and elicited comments from 49 Member States, 11 nongovernmental organizations, WHO collaborating centres and scientists.

Its mission is to increase the level of physical activity among all citizens by promoting physical activity and reducing sedentary behaviours; ensuring an enabling environment that supports physical activity through attractive and safe built environments, accessible public spaces and infrastructure; providing equal opportunities for physical activity regardless of gender, age, income, education, ethnicity or disability; and removing barriers to and facilitating physical activity. Its guiding principles are to address the ever-decreasing levels of physical activity and reduce inequities; promote a life-course approach; empower people and communities through health-enhancing environments and participation; promote integrated, multisectoral and partnership-based approaches; ensure adaptability of physical activity programmes and interventions to different contexts; and use evidence-based strategies to promote physical activity and monitor implementation and impact.

In response to comments from EACHR members on the need to strengthen the role of research as a driving force of the strategy, Dr Breda said a scientific publication was being developed on the different kinds of evidence and identifying the gaps.

**Intersectoral collaboration**

Ms Monika Kosinska, Programme Manager, Policy, Cross-cutting Programmes and Regional Director’s Special Projects, said that intersectoral collaboration would be a main theme at the upcoming Regional Committee. There were three main elements to this: the role of intersectorality; foreign policy as a means to achieve public health objectives; and strengthening collaboration between key sectors. It was informed by various processes, including internal WHO mapping and analysis of Member States’ approaches to intersectoral governance. A paper was being prepared on what is known, the evidence of effectiveness, and what should be investigated further. Advocacy documents would include briefs to facilitate dialogue between health and other sectors as a platform for action.

**Health systems strengthening**

Dr Juan Tello, Programme Manager, Health Services Delivery, Division of Health Systems and Public Health, said that the upcoming Regional Committee would receive a final report on implementation of the Tallinn Charter, “Health systems for health and wealth”, and proposed follow up. He outlined the priorities for health systems strengthening and the impact of the Charter. Priorities should put people at the centre of health services and such engagement could improve
service provision. The report to the Regional Committee would outline interrelated priorities, including human resources for health and better information systems, transforming health service delivery and universal health coverage. Professor Ádány underlined the importance of focusing on primary health care.

Action points

- Members are invited to comment further in writing to all programmes.
- Programme managers are to consider the advice offered by EACHR.
- EACHR will promote further studies within the life-course approach.
- The Secretariat will draft a proposal on how EACHR could focus further on DOHaD, for discussion at the next meeting.
- EACHR will promote further studies to underpin future action on environment and health.

The post-2015 United Nations sustainable development agenda

Dr Nedret Emiroglu, Deputy Director, Communicable Diseases, Health Security and Environment, gave an update on the process and action leading to a new set of UN goals for sustainable development (SDGs) and a post-2015 development agenda.

Resolution WHA 67.14 of the 2014 World Health Assembly reinforced the view that health must hold a central place in the post-2015 development agenda. It called for accelerated efforts towards achieving the health-related MDGs, in addition to addressing NCDs, universal health coverage, and the social, environmental and economic determinants of health.

The UN Open Working Group (OWG) on the SDGs concluded its work in 2014, agreeing on 17 goals and 169 targets by consensus. In accordance with UN General Assembly resolution 68/309, its proposals are the main basis for integrating SDGs into the post-2015 development agenda – recognizing that other inputs, including the UN Secretary General’s synthesis report, would also be considered. Its report addresses health in Goal 3, “Ensure healthy lives and promote well-being for all at all ages”, with targets including the unfinished health MDGs, emerging global health priorities (NCDs and injuries), universal health coverage and broader determinants of health. Health is also linked to many other goals, both as a contributor to and a beneficiary of development. In addition, health statistics are key metrics of progress towards sustainable development.

Developments up to September 2014 were drawn together in the Secretary-General’s synthesis report (9), presented to the General Assembly in December 2014. Its aim is to support negotiations leading to the UN Summit for the Adoption of the Post-2015 Development Agenda, New York, 25–27 September 2015. The report proposes an integrated set of six essential elements for achieving the goals and sets out the requirements for a realistic yet ambitious outcome from the Summit, as summarized in Table 1. At this Summit, world leaders are expected to agree to an historic and far-reaching 15-year programme aiming to end poverty and transform lives while protecting the planet.

Table 1. Proposals for the UN Summit for the Adoption of the Post-2015 Development Agenda

<table>
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<tr>
<th>An integrated set of six essential elements for delivering the goals</th>
<th>Essential requirements for the outcome document</th>
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<tr>
<td>• Dignity – to end poverty and fight inequalities</td>
<td>• An inspirational vision</td>
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In December 2014, the UN General Assembly outlined the negotiating process to prepare the outcome that is expected to be adopted at the Summit. Two sessions have been convened to date: a stock-taking session on the four elements expected to comprise the new agenda, and a session on the declaration, of which a first draft is expected soon. From the health perspective, it should capture the main themes of the health goal, plus the role that health plays more generally in sustainable development.

In a further session on how to take forward the proposed themes for the Summit dialogues, many countries stressed that the OWG proposal should not be revisited. The initial themes proposed for the round tables in September are eradicating poverty, climate change, resilient economies, peaceful societies, global partnerships and ways to review progress.

The Means of Implementation for the SDGs are mainly addressed by the Financing for Development process and cover public funding, capacity development, technology facilitation, trade, debt, private financial flows, multilateral lending, and harnessing the growing amount of data available for enhancing and measuring implementation of the goals. Aspects that require attention in the post-2015 consultations could include technology facilitation and the shaping of an overall global partnership. The question of how to finance the new agenda will be central to discussions at the Third International Conference on Financing for Development, Addis Ababa, Ethiopia, 13–16 July 2015.

The Statistical Commission has been asked to develop indicators to monitor implementation of the goals and targets. The UN system was asked to propose indicators, and an indicative list has been developed. The OWG proposal does not meet the Rio+20 requirement that the goals and targets be “concise, easy to communicate, and limited in number”, and several Member States have voiced concern about the large number of indicators resulting in excessive national reporting burdens. The intention is to now aim for a shorter list of 100–120 core indicators.

In the area of health, where several MDG-related targets and indicators are to be carried forward, care must be taken not to lose valuable new work done on NCDs and injuries, universal coverage, and the social and environmental determinants. World Health Assembly resolutions provide some guidance to aid choice, but already contain nearly 100 health-related targets and indicators. The choice of key indicators is unlikely to be finalized before the March 2016 session of the Statistics Commission.

The Regional Office is closely engaged in the post-2015 process, as part of the UN Development Group for Europe and central Asia and the Regional Coordination Mechanism. A 2013 regional consultation on inclusive and sustainable development perspectives from Europe and central Asia
stimulated discussions across a range of themes, including health and social protection. Participants stressed the critical role of health in the post-2015 development agenda, as both an outcome and determinant of sustainable development and poverty eradication, and referred to Health 2020 as crucial for formulating a new vision for health post 2015.

The Health and Social Protection panel said that work on the unfinished MDG agenda should continue in addition to tackling new health challenges, such as NCDs and mental health. Health outcomes and income security are inextricably linked; national social protection floors would guarantee access to health and basic income for all, and ensure minimum access to nutritious food, water and energy for disadvantaged groups. The new agenda should advocate whole-of-government, whole-of-society and life-course approaches, crucial for addressing the social, economic and environmental determinants of health, and for the well-being of societies at large.

The Sixty-third Regional Committee agreed that health should be a priority for the post-2015 agenda, with a focus on maximizing health for all throughout the life-course and universal health coverage, both as means to that end and an end in itself. The post-2015 development agenda featured during the Sixty-fourth Regional Committee, and a final report on the MDGs will be presented at the Sixty-fifth Regional Committee.

**EACHR discussion and recommendations**

EACHR members thought the SDGs were highly important and welcomed the update.

Many of the goals affect the determinants of health, although there is only one specific health goal proposed, and it was felt that the health process should be stronger. It has been difficult for intergovernmental organizations to push their agendas in a process that is highly political. The discussions are led by countries’ foreign ministers, which often means a lack of meaningful contributions on health.

Members want ministers of health to be made more aware of the SDG process. The most effective way members can now influence their own governments is probably through their foreign ministers and ambassadors to the UN, and in ongoing and subsequent work on indicators and funding.

Ms Jakab commented that the 17 goals were unlikely to change, but as the health goal is at a higher level, many issues can be brought in under its umbrella. There is still some possibility of influencing the outcomes and members should advocate engagement with the SDG process. EACHR could play an important role when the SDGs are translated into national development plans. Members agreed that there was an important window of opportunity and EACHR should revisit the issues in 2016.

**Action points**

- Members will advocate for health in the SDGs through their governments.
- Health 2020 will be used as a tool to strengthen links between health and sustainable development across all goals at national agendas and at higher levels, using broader approaches.
- EACHR will revisit the topic in 2016.
Meeting reflections and conclusions

Regional Director’s reflections

Reflecting on the meeting, Ms Jakab felt that the informal, honest style of EACHR discussions was very useful; the Committee was now achieving its full potential. Members had made great contributions and the preparations by the Secretariat were excellent. Much useful work was being done between the formal meetings.

It is important to ensure that EACHR’s work feeds into the overall WHO governance process, and is strongly linked with policy-making processes in a more structured way, as well as through her links with the Chair, and through the Secretariat. As one important step in this process, she welcomed the involvement of the SCRC in this meeting through Ms Falcao, and asked her to report to the next SCRC meeting on EACHR and its views.

EACHR input would help to ensure and strengthen the evidence base of WHO’s normative work. She also welcomed its focus and views on longer-term issues, including DOHaD, intersectorality and influencing policy-makers.

She expected Public Health Panorama to become an important, high-quality, prestigious tool. The role of WHO regional directors in WHO publications varied, and she felt that her authority as editor-in-chief would be useful during its start-up phase.

On the research mapping, Ms Jakab welcomed the completion of the study. It would be important for capacity building, helping countries move towards more sustainable development and use the process to modernize their NHRS. Countries’ names should not be cited for ranking in publications, as most results have not been validated.

She welcomed the introduction of work on the cultural contexts of health to augment the WHO focus on behavioural, social and environmental determinants, and its potential value in the implementation of Health 2020. It was significant for health outcomes and for the sustainable development agenda.

On public health and migration, she wished to hold an event for policy-makers, including those from migrants’ other regions of origin, to formulate policy recommendations.

Governing bodies were beginning to display more positive attitudes to evidence-informed policy development, but there were still limitations. They were more ready to use public health evidence but there were powerful lobby groups, for example, on tobacco and sugar. Not all governments were ready to take up the challenges, and economic constraints played an important role. It was important to keep the issue on the agenda, including in health-care reform. WHO could add value by reviewing and monitoring the uptake of evidence.

On the SDGs, she said that the Region must strengthen the links between health and sustainable development on national agendas, and aim for higher-level and broader approaches, using Health 2020 as a tool.
Action plan

Dr Stein reviewed the agreements reached during the meeting. These items would be incorporated in an updated action plan for circulation to members immediately after the meeting. A summary of action points is given below.

Professor Turmen asked members to note the next steps and updated action plan. WHO Secretariat and programmes would be asked to note the Committee’s recommendations, as outlined earlier in this report. The action points for members and the Secretariat are summarized below.

Next EACHR meeting

The Secretariat will circulate dates for the seventh EACHR meeting and propose the venue. The following agenda items were suggested:

- review and update of the EACHR action plan
- update from the subgroup on EIP
- update from the subgroup on migration and public health
- proposal on how to approach DOHaD
- update on the SDGs.

There will be further rotation of membership to ensure equitable geographical distribution.

All presentations will be preceded by advance electronic circulation of key documents and questions for discussion. Presenters should focus mainly on areas for improvement, and lead discussion on seeking solutions to the challenges.

Conclusion and closure

In conclusion, Professor Turmen thanked all the participants for their lively interaction. She also thanked Professor Ádány for co-chairing the meeting. The meeting had achieved its objectives. She declared the meeting closed.

Summary of action points

Opening session

- All members who had not yet done so should urgently declare any potential conflicts of interest to the Secretariat in writing.
- Members will seek further specific suggestions on how WHO, Member States and ministries of health can integrate short-term actions in longer-term policy perspectives, including fostering intersectoral dialogue and supporting intersectoral work with evidence:
  - review policy briefs that highlight the links between health and other sectors;
  - review the main action areas between sectors;
Mapping national health research systems

- The study authors should be asked to consider the discussion points and, if necessary, refine the study and its recommendations further before publication.
- The Secretariat should engage with Member States to decide how best to disseminate the findings and use them as a spur for debate and action, as part of a sustainable programme. This might require a dedicated meeting. It could be linked with other WHO publishing and dissemination work, perhaps through identifying a collaborating centre to work in this area.
- The findings of this analysis and subsequent action should be integrated in the EVIPNet project, including country case studies and the EVIPNet situation analysis of health research systems and capacities. The EVIPNet process and engagement with governments should be used to elicit further information that augments the study results.
- The Secretariat will consider how to integrate this work with the proposed global research and development observatory.

Public health and migration

- Ensure that the perspectives and findings of the three HEN reports are fully integrated and presented as “food for thought for action”. The reports should be launched and discussed at a conference in autumn 2015 to enhance the process of engaging Member States at policy level. The Newly Independent States and the Eastern Mediterranean Region should be engaged. Strong media coverage should be encouraged.
- Identify other ad-hoc opportunities to publicize the HEN reports using existing platforms.
- Check and disseminate data on illness prevalence among migrants of diseases such as Ebola and HIV/AIDS, which are regarded as security threats and fuel misconceptions about migrants and health.
- Record and disseminate success stories on migration and health, and find evidence and record positive experiences of how migrant health issues are tackled through intersectoral collaboration.
- Highlight the impact and cost implications of not investing in migrant health.
- Seek and use opportunities to evaluate “natural experiments” when commissioning further research.
- Future work should consider migration within the Newly Independent States and reach out to the WHO Eastern Mediterranean Region.
- Work closely with other international organizations, including the OECD migration unit.

Evidence-informed policy-making

- Learn from evidence-informed policy initiatives in other fields, such as health and the environment.
- Develop a media plan and share useful contacts.
- Build links with other institutions including the Wellcome Trust, and other networks: members to send contact details to Professor Leys.
- Develop a research agenda to assess uptake of evidence.
- EACHR to participate in the Global Evidence Synthesis Summit, 13–14 June 2015, Oslo, Norway, which aims to engage evidence synthesis organizations, their member institutions and evidence synthesis producers to promote the importance of evidence syntheses to inform policy,
practice and personal decision-making.
- The subgroup’s work should be a standing item at future EACHR meetings.

**Public Health Panorama**

- Conduct the proposed evaluation of the journal only when it has fully evolved, after several issues.
- Identify the readership more specifically to ensure appropriate content and publicity.
- Explore the possibility and cost–effectiveness of subscribing to an existing online submission system.
- Consider whether peer review should be open, with the reviews published alongside the article.
- Consider publishing commentaries alongside major articles by well-known commentators from the research and policy worlds.
- Consider whether all submissions should be reviewed by the editorial board to ensure quality.
- Consider alternating themed issues and open issues to allow flexible and timely use of relevant content.
- Consider producing authoritative series on specific topics with guest editors, to advance WHO public health agendas with scientific rigour.
- Engage with institutions such as schools of public health, particularly in the eastern countries, to generate contributions.
- Encourage capacity-building by nurturing young researchers and perhaps devoting a section to doctoral students’ reports.
- Consider how to establish and measure the journal’s impact factor.
- Encourage other journals published or influenced by WHO to broaden their authorship and solicit contributions from all parts of the Region.

**The cultural contexts of health and well-being**

- The CCH project should continue with EACHR support.
- The WHO expert group should:
  - consider how its membership can fully reflect cultural diversity;
  - develop a conceptual model;
  - ask the three subgroups to think the model through in the context of what the well-being group has tabled, and in the context of what else needs to be done;
  - understand its advocacy work as not just marketing CCH, but also sharing different types of knowledge;
  - consider whether the place of the humanities in health professional education is part of its remit.

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- Members are invited to comment further in writing to all programmes.
Programme managers are to consider the advice offered by EACHR.
EACHR will promote further studies within the life-course approach.
The Secretariat will draft a proposal on how EACHR could focus further on DOHaD, for discussion at the next meeting.
EACHR will promote further studies to underpin future action on environment and health.

**The post-2015 United Nations sustainable development agenda**
- Members will advocate for health in the SDGs through their governments.
- Health 2020 will be used as a tool to strengthen links between health and sustainable development across all goals at national agendas and at higher levels, using broader approaches.
- EACHR will revisit the topic in 2016.

**References**

Annex 1: Meeting agenda

Wednesday 15 April 2015

Opening session:
Welcome and introduction (Professor Tomris Turmen, EACHR Chair)
Introductory remarks (Ms Zsuzsanna Jakab, Regional Director)
Outline of scope, purpose and meeting agenda (Mr Tim Nguyen, WHO Secretariat)

Session 1: Review of actions agreed at previous EACHR meetings
Presentation (Dr Claudia Stein, WHO Secretariat)
Discussion, recommendations and action points

Session 2: Final update on national health research mapping
Presentation (Dr Roberto Bertollini, WHO Secretariat)
Discussion, recommendations and action points

Presentation (Dr Marieke Verschuuren, WHO Secretariat)
Discussion, recommendations and action points

Session 4: Culture and health
Presentation (Professor Mark Jackson, Chair, WHO Expert Group, and Dr Nils Fietje, WHO Secretariat)
Discussion, recommendations and action points

Session 5: Update on key items of the Sixty-fifth Regional Committee
Presentations (WHO Secretariat)
Discussion, recommendations and action points

Dinner hosted by the Division of Information, Evidence, Research and Innovation
Thursday 16 April 2015

Summary of Day 1 (Professor Jane Salvage, rapporteur)

Session 6: Updates from EACHR subgroups

(1) Health and migration
Presentation (Professor Pereira, EACHR subgroup chair, and Dr Santino Severoni, WHO Secretariat)
Discussion, recommendations and action points

(2) Evidence-informed policy-making
Presentation (Professor Mark Leys, EACHR subgroup chair, and Dr Tanja Kuchenmuller, WHO Secretariat)
Discussion, recommendations and action points

Session 7: Public Health Panorama
Presentation (Mr Tim Nguyen, WHO Secretariat)
Discussion, recommendations and action points

Session 8: The post-2015 UN development agenda
Presentation (Dr Nedret Emiroglu, WHO Secretariat)
Discussion, recommendations and action points

Session 9: Review of agreements reached and action plan
The Secretariat

Session 10: Regional Director’s review and reflections

Conclusions and closure of meeting (Professor Turmen)
Annex 2: List of participants

Members of EACHR

Professor Róza Ádány (Vice-Chair), Head of the Department of Preventive Medicine, University of Debrecen, H-4028 Debrecen, Hungary

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Professor Mark Jackson, Professor of the History of Medicine, Centre for Medical History, University of Exeter, Devon EX4 4SB, United Kingdom

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Professor Mark Leys, Vrije Universiteit Brussels, B-1090 Brussels, Belgium

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Professor Vasily Vlassov, President, Society for Evidence Based Medicine, First Moscow State Medical University, RUS-109451 Moscow, Russian Federation
Member States

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Observers

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Professor Giovanni Pacini, Scientific Review Group for Medical Sciences, European Science Foundation, and Research Director, CNR Institute of Biomedical Engineering, I-35127 Padua, Italy

Rapporteur

Professor Jane Salvage, Director, Jane Salvage Limited, London N5 1BN, United Kingdom

World Health Organization

Regional Office for Europe

Dr Roberto Bertollini, Chief Scientist and WHO representative to the European Union, Office of the Regional Director

Dr Joao Rodrigues da Silva Breda, Programme Manager, Nutrition, Physical Activity and Obesity

Dr Nedret Emiroglu, Deputy Director, Division of Communicable Diseases, Health Security and Environment

Dr Nils Fietje, Research Officer, Division of Information, Evidence, Research and Innovation

Dr Gauden Galea, Director, Division of Noncommunicable Diseases and Health Promotion

Ms Zsuzsanna Jakab, Regional Director

Ms Monika Kosinska, Programme Manager, Policy, Cross-cutting Programmes and Regional Director’s Special Projects

Ms Tanja Kuchenmüller, Technical Officer, Evidence and Intelligence for Policy-making, Division of Information, Evidence, Research and Innovation

Dr Srdan Matic, Coordinator, Division of Communicable Diseases, Health Security and Environment

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¹ By the decision of the second session of the 22nd Standing Committee of the Regional Committee (SCRC), December 2014, Helsinki, Finland, one representative of the SCRC will be invited to EACHR meetings.
Mr Tim Nguyen, Unit leader, Evidence and Information for Policy, Division of Information, Evidence, Research and Innovation

Dr Santino Severoni, Coordinator, Vulnerable Groups, Gender and Human Rights

Dr Claudia Stein, Director, Division of Information, Evidence, Research and Innovation

Ms Ryoko Takahashi, Technical Officer, Evidence and Information for Policy, Division of Information, Evidence, Research and Innovation

Dr Juan Tello, Programme Manager, Health Services Delivery, Division of Health Systems and Public Health

Dr Marieke Verschuuren, Medical Epidemiologist, Health Information, Monitoring and Analysis, Division of Information, Evidence, Research and Innovation

Ms Isabel Yordi, Technical Officer, Evidence and Information for Policy, Division of Policy and Governance for Health and Well-being