THE WORLD HEALTH ORGANIZATION IN THE EUROPEAN REGION
The WHO Regional Office for Europe works in the European Region, a vast area that encompasses 53 countries and stretches from Greenland to the Russian Federation and from the Mediterranean to the Baltic Sea. Its geographical variation is matched by an incredible diversity of people, cultures and health situations. The overall goal of «better health for Europe» is thus an exciting challenge and an opportunity for innovative collaboration across sectors and countries.

In recent years, the Region has seen impressive progress in several areas of health, and overall life expectancy has increased by 5 years. But the gains made have not necessarily benefited everyone equally, and significant health inequities remain. In the coming years, under the unifying policy framework of Health 2020 and as part of the collective effort to achieve the Sustainable Development Goals (SDGs), the Regional Office will support Member States in developing, implementing and aligning national policies on health issues. We will continue to encourage and enable multisectoral collaboration, and we will help countries to strengthen their capacity to deliver high-quality, effective health services. Our aim will go beyond simply «better health for Europe»: we aspire to more equitable and sustainable health for the Region.

As we confront pressing health challenges, ranging from the rapidly growing burden of noncommunicable diseases (NCDs) to the impact of environmental factors on health, we will have to adopt new and innovative approaches. The European Region’s Health 2020 policy framework, adopted by all 53 Member States, has given us a way forward to meet those challenges, offering a unique foundation on which to coordinate activities. Moreover, the 2030 Agenda for Sustainable Development has given us global goals with the transformative potential to create a more just and sustainable world as well as usher in an era of improved health. My capable, dedicated staff and I are confident that, working with countries, the years ahead can bring even greater health gains, achieved through collaborative and intersectoral work on prevention, protection, health promotion, appropriate management and treatment of diseases and rehabilitation.

Below, we highlight some of the work already under way in a variety of areas. While we could easily fill an entire book with information about the work the Regional Office undertakes in partnership with Member States, I hope these stories and case studies from the Region will provide a useful overview of our impact, from the regional level all the way to the individual.

It is a privilege to lead the WHO Regional Office for Europe and to act as a partner to the 53 Member States and the various other organizations with whom we collaborate regularly. I thank you for taking the time to learn more about what we do, what we stand for and how we lead the way towards a healthier future for all.

Dr Zsuzsanna Jakab
WHO Regional Director for Europe
Health 2020: A Way Forward

The 53 Member States of the European Region adopted Health 2020 in 2012, after an unprecedented 2-year consultation among a wide range of stakeholders. The resulting policy framework provides a vision, a strategic path forward and priorities to help policy-makers determine how to:

improve health for all and reduce health inequalities
and
improve leadership and participatory governance for health.

The framework is evidence-based but also grounded in the values enshrined in the WHO Constitution, namely to ensure «the enjoyment of the highest attainable standard of health» as a fundamental human right. Its suggested strategies for action are adaptable to the many contexts and realities of the Region. Its aim is not, and never has been, to make national and local health systems uniform; rather, it aspires to make them uniformly better.

Why Health 2020?

The European Region faces many changes and challenges that affect health and demand new ways of thinking and acting, including major social, economic, environmental and demographic shifts, widening gaps in health inequalities and difficult economic times, leading to stretched and limited resources. Such challenges require a coherent, integrated response from countries, and Health 2020 offers a way forward, centred on a vision of public health as a dynamic network of stakeholders at all levels of society. It supports health action with unity of purpose across the Region.

How does Health 2020 help?

While Health 2020 is particularly addressed to ministries of health, its aim is also to engage ministers and policy-makers across government and stakeholders at every level of society. It contains information that can help anyone, from a prime minister to a public health worker or community activist, make healthier, safer, economically wiser decisions. Some key components of the policy framework are:

• proposed new forms of governance for health, with a whole-of-society and whole-of-government approach;
• a strong, evidence-informed case for investment and action through integrated approaches to health;
• recommended systems of collaborative leadership to encourage innovative approaches for achieving equitable, sustainable, accountable health systems;
• a variety of strategies and interventions to address major health challenges;
• a common set of values, including cross-society engagement in health; and
• targets and a monitoring framework to measure progress and ensure accountability.
Health 2020 is being implemented. The Regional Office for Europe supports countries in developing national health policies and in adapting Health 2020 by:

- analysing public health situations,
- identifying assets,
- making policy recommendations and monitoring progress,
- suggesting mechanisms for whole-of-society and whole-of-government approaches, and
- supporting capacity development.

Achieving the objectives of Health 2020 will require strong political commitment from governments and strong leadership from health officials and health organizations. The Regional Office is committed to supporting countries to fully implement Health 2020 in the coming years.
In 2015, the countries of the world came together to adopt the common 2030 Agenda for sustainable development, to complete the unfinished business of the Millennium Development Goals and respond to new challenges. The new agenda includes a set of global goals – the Sustainable Development Goals (SDGs) – and accompanying targets, which integrate economic, social and environmental aspects and recognize the interconnectedness of these areas in achieving a more just and sustainable world. While only SDG 3 is health-specific – to ensure healthy lives and promote well-being for all, at all ages – health has a vital, integral role to play in all the other 16 goals. Over half the SDGs address major health determinants, and progress in these areas will inevitably have a significant impact on health.

Global pursuit of the SDGs requires a change in our ways of working and demands commitment to multisectoral, whole-of-government and whole-of-society approaches. Fortunately for the European Region, this perspective is already well correlated with the Health 2020 vision, and there are many commonalities between the SDGs and Health 2020. Thus, the European Region had laid the groundwork for implementing the SDGs, even before their adoption, and the Regional Office will continue to support this important work in the coming years.

The Regional Office will provide core resources and services to Member States working to implement the SDGs, building on the Health 2020 package of implementation support. Tailored support for countries will be available at every level of the Organization, from the Regional Office to country offices, and guidance will be provided for specific areas of work and focus.

Progress towards achieving the SDGs will be reviewed annually by the United Nations Economic and Social Council and every 4 years by the United Nations General Assembly. It will therefore be crucial for Member States to track and measure their progress in achieving these goals, which will offer an opportunity for ministries of health and the broader health community to use evidence to shape national and local policies to further promote health. The Regional Office is committed to helping improve country capacity to collect, monitor, report, review and take action driven by data, with a particular focus on enabling Member States to harness the power of big and open data in the 21st century.

The global goals are “integrated and indivisible and unprecedented in scope”, as stated in United Nations General Assembly Resolution 70/1. Over the next several years, the Regional Office will prioritize building on the foundation of Health 2020 to assist countries in achieving real, lasting progress on these ambitious goals, which have the ability to transform our world for the better.
WHO was founded in 1948 as the United Nations’ specialized health agency, with the mission to help people everywhere achieve the highest possible level of health.

To provide tailor-made assistance to countries on specific issues, WHO distinguishes six regions, including the European Region. Each hosts a regional office with the mandate to serve the Member States in that region. WHO has country offices in 154 Member States.

WHO’s work

As part of the United Nations system, WHO’s primary role is to direct and coordinate international health by:

• providing leadership on global health matters and engaging in partnerships for joint action;
• shaping the research agenda;
• setting health norms and standards and monitoring their implementation;
• developing ethical, evidence-based policy options;
• providing technical support to countries; and
• monitoring and assessing health trends.

WHO supports its 194 Member States in coordinating the work of multiple government sectors with both national and international partners, such as bi- and multilateral agencies, funds and foundations, civil society organizations and the private sector, to achieve health objectives and support national health strategies.

WHO’s impact

WHO’s work has a significant impact on people’s lives. With help from WHO and its partners:

• many government policies are in place to ensure that all people have equal access to effective health care;
• a number of agreements have been reached to protect against common health threats, such as tobacco, disease outbreaks and chemical pollution;
• drugs are available for treating tuberculosis, HIV/AIDS and many other deadly diseases;
• people are protected by life-saving vaccines against poliomyelitis (polio), measles, rubella, diphtheria, tetanus, pertussis, meningitis and other diseases;
• best practices for midwives, surgeons and other health workers have been prepared and disseminated;
• many sectors of public life, such as transport, agriculture, education and urban planning, include a health component; and
• well-targeted interventions are making environments healthier and preventing illness due to unsafe water, air pollution and poor hygiene.
WHO is being reformed to become better equipped to address the increasingly complex challenges of health in the 21st century. WHO needs the capability and flexibility to respond to the evolving environment, from persisting problems to new and emerging public health threats. Ultimately, the reform will enable WHO to fulfil its constitutional mandate more effectively.

WHO reform has three main objectives:

- programme reform to improve health outcomes;
- governance reform to increase coherence in global health; and
- managerial reform in pursuit of organizational excellence.

The WHO European Region plays an important role in WHO reform by immediately implementing reform decisions taken by the governing bodies and by contributing new reform initiatives.

WHO key facts

- **Year founded**: 1948
- **Governance**: WHO Constitution, elected Executive Board, World Health Assembly [all Member States], a regional committee for each region
- **Member States**: 194
- **Headquarters**: Geneva, Switzerland
- **Regional offices**: 6
- **Country offices**: 154
- **Worldwide staff**: 7000
- **WHO collaborating centres**: More than 700 institutions in over 80 countries

Key annual events

<table>
<thead>
<tr>
<th>Event</th>
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<tr>
<td>World TB Day</td>
<td>24 March</td>
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<tr>
<td>World Health Day</td>
<td>7 April</td>
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<tr>
<td>European Immunization Week</td>
<td>last week of April</td>
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<td>World No Tobacco Day</td>
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<td>World Blood Donor Day</td>
<td>14 June</td>
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<td>World Hepatitis Day</td>
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<td>World AIDS Day</td>
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About the WHO Regional Office for Europe

**Who we are**

The Regional Office’s dedicated staff comprises scientific, technical and health experts who work at the headquarters in Copenhagen, Denmark, in several specialized technical centres and in country offices in 29 Member States in the Region.

**What we do**

The Regional Office supports Member States by providing technical assessments and guidance, by conducting health research and disseminating data, by preparing recommendations and strategies for addressing major health issues and by assisting countries in implementing Health 2020.

**Impact of our work**

This publication is only a sample of the Regional Office’s impact in recent years. The case studies and stories that follow give detailed examples of how the Organization works in partnership with countries on a wide variety of health issues.

Much progress has been made to improve health in the European Region, but much work remains to be done. The Regional Office will continue to play a vital role in supporting countries to achieve ambitious health goals such as those outlined in Health 2020.
A strategic focus for WHO is universal health coverage, a goal that guides the Regional Office’s work of strengthening health systems in the context of Health 2020 and is aligned with SDG 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. It is also aligned with SDG 3.c on health financing and the health workforce.

With universal health coverage, all people have access to the high-quality integrated health services they need, including prevention, promotion, treatment and rehabilitation, and they and their families are protected from financial hardship.

Over the past 10 years, the Region has put significant effort into strengthening people-centred health systems and public health capacity. Political commitment to universal health care is increasing in all countries in the Region, and the Regional Office will intensify its assistance to achievement of that commitment and sustaining it. The Regional Office works hand-in-hand and shoulder-to-shoulder with multiple partners to give technical and financial advice to the growing number of countries that have made universal health coverage their goal for health system reform, by assisting national authorities in preparing health policies and plans for strengthening health systems. WHO experts conduct stakeholder consultations, capacity-building workshops and training courses on various important areas of universal health coverage, such as health financing, human resources for health, essential medicines, service delivery and collecting data on safety and health.

The Regional Office also takes part in the worldwide Universal Health Coverage Day (12 September), after unanimous endorsement of the resolution on this goal by the United Nations in 2012.

“Universal coverage is the hallmark of a government’s commitment, its duty, to take care of its citizens, all of its citizens. It is the ultimate expression of fairness.”
Dr Margaret Chan, WHO Director-General
Through its work in countries, by engaging partners and by conducting research, the Regional Office promotes healthy lifestyles and disease prevention and works to ensure that people have access to the most appropriate health care at all stages of life.

The Regional Office addresses four life-course health issues: maternal and newborn health, child and adolescent health, sexual and reproductive health and healthy ageing. Gender is a cross-cutting issue in all four areas.

In 2015, a WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020 was organized to bring together new evidence, from genetics to economics, on what governments can do to improve health throughout the life-course and to equip policy-makers with the tools they need to promote a healthy start to life and to target the needs of people at critical ages.
The WHO Regional Office for Europe works with countries on a wide range of issues to implement Health 2020. The following stories and case studies give examples of actions and achievements throughout the Region.

**Supporting countries in the fight against childhood obesity**

*Health 2020 strategic objectives:*

**Improving health for all and reducing health inequalities**

**Improving leadership and participatory governance for health**

*Health 2020 priority areas 1 and 2:*

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

**Tackling Europe’s major health challenges: communicable and noncommunicable diseases**

**Aligned with SDG target 2.2 to end all forms of malnutrition by 2030**

The European Region has the highest burden of NCDs worldwide. One of the most worrying conditions – and one that dramatically increases the risks for other killer NCDs like cardiovascular disease, cancer and diabetes – is obesity. The trend to an increasingly overweight European Region is of particular concern as it applies to children. Being overweight risks becoming the new norm in the Region: some countries report that up to 33% of 11-year-olds are overweight. It is therefore highly important to achieve SDG 3.4: By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment.

The aim of the European Food and Nutrition Action Plan 2015–2020 is to reduce the burden of preventable diet-related NCDs and obesity significantly by a whole-of-government approach. The Regional Office supports countries in implementing this approach, and its partnerships with and assistance to Member States have led to important reductions in childhood obesity. This work will contribute to achieving SDG 2.2 to end all forms of malnutrition by 2030.

The WHO European Childhood Obesity Surveillance Initiative is one example of the Regional Office’s close partnership with countries on this issue. To meet the need for harmonized surveillance systems to track overweight and obesity rates, countries participating in the Initiative routinely measure obesity trends among primary schoolchildren. Designated institutions in countries cooperate with the Regional Office to provide uniform data for this Initiative, which, in turn, are used to inform policy decisions by a wide range of stakeholders in many countries to reverse the increasing trend of obesity.

Another area that demands the attention of policy-makers is marketing of foods to children, particularly foods with high contents of fats, sugars and salt. To assist countries in meeting this challenge, the Regional Office in 2015 prepared a “nutrient profile model”, which countries can adapt and use to classify foods according to their nutritional composition, to determine whether they should be marketed directly to children.

Collective, multisectoral action in the coming years can help slow and ultimately reverse what has become an alarming trend of obesity among the Region’s children.
Health 2020 strategic objectives:

Improving leadership and participatory governance for health

Health 2020 priority area 3:

Strengthening people-centred health systems and public health capacity, including preparedness and emergency response

Aligned with SDG target 3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

Although the outbreak of Ebola virus disease in West Africa, which peaked in 2014, did not occur in the European Region, it presented an opportunity for countries of the Region to test their emergency preparedness and to determine how the International Health Regulations (2005) (IHR) function in a global public health threat on such a scale. The Regional Office and its European Union partners played a significant role in supporting country preparedness and, where necessary, the response to Ebola virus disease.

When WHO declared the outbreak a public health emergency of international concern under the IHR, it recommended that all Member States prepare to detect, investigate and manage cases of Ebola virus disease. The Regional Office immediately assessed country preparedness, in partnership with the Directorate General for Health and Food Safety and the European Centre for Disease Prevention and Control, which had begun assessments in European Union countries. The Regional Office used the insight and expertise of WHO country and regional staff to make realistic, accurate assessments for all the countries in the Region.
Overall, the Region’s strong health systems meant that it was at minimal risk for spread of the disease in Europe, and the Regional Office communicated this fact early and often in order to allay public alarm. The Regional Office continually promoted the principles of the IHR, which is the international law that commits countries to prevent, protect against and respond collectively to public health threats while minimizing interference with international traffic or trade. Experts from the Regional Office made themselves available to offer guidance on how best to take the IHR into consideration in making decisions about travel restrictions. At a series of medical seminars, in both English and Russian, the Regional Office imparted critical information on various aspects of managing the Ebola virus disease outbreak to public health authorities.

The Region’s experience with the outbreak provided many valuable lessons on issues like coordination, rapid deployment and travel restrictions, which the Regional Office plans to take into account in the next phase, as it works to help countries operationalize the IHR.

While the European Region itself remained relatively safe and insulated from the crisis in West Africa – which claimed more than 11 000 lives – personnel from the Regional Office participated in missions to the most severely affected countries and were directly involved in WHO’s response. Staff members were deployed to West Africa or WHO headquarters in nearly 40 missions to support the response, for a total of more than 1300 days of work.
Health 2020 strategic objectives:

Improving health for all and reducing health inequalities
Improving leadership and participatory governance for health

Health 2020 priority area 4:

Creating resilient communities and supportive environments

Aligned with SDG target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination; also linked to targets 6.2, 8.8, 11.6, 12.4 and 13.3.

One of the most powerful examples of the Regional Office’s support for intersectoral action on major health priorities dates back to 1989, with initiation of the European Environment and Health Process. This approach, the first of its kind to address the most significant environmental threats to human health, evolved at a series of ministerial conferences coordinated by the Regional Office.

The conferences, which took place in Frankfurt (1989), Helsinki (1994), London (1999), Budapest (2004) and Parma (2010), provided a platform for high-level engagement of the health and environment sectors of governments. Governments were encouraged to meet their commitments by using whole-of-government and whole-of-society approaches to confronting challenges to health from the environment. The sixth ministerial conference will be held in 2017.

The Environment and Health Process is shaped by a wide variety of stakeholders, including countries, WHO and other United Nations agencies, the European Union and its agencies and nongovernmental organizations, including representatives of youth organizations, the media and the business community. Overall, it provides an unprecedented opportunity for all to participate in dynamic, sustained regional development, addressing today’s and tomorrow’s challenges in building a healthier, safer, fairer, greener future for all.

Although challenges remain in counteracting the risks related to environmental health, which require a concerted joint effort in the coming years, the WHO European Region has pioneered one of the most innovative approaches to tackling these large-scale threats. The Environment and Health Process has become a model multisectoral approach to public health issues for other regions of the world.
The Environment and Health Process has resulted in major progress in environment and health in Europe. A report released at the time of the mid-term review in Haifa, Israel, in April 2015 showed that countries are moving towards achievement of the five time-bound targets they agreed upon. It also showed that they face numerous remaining challenges. This, in a snapshot, is where Europe stands:

• Today, more than 90% of citizens in the Region have access to better water and sanitation facilities, but 67 million people still lack basic sanitation, and 100 million do not have easy access to piped drinking-water.

• 40% fewer children under the age of 14 died from unintentional injuries and road traffic accidents between 2000 and 2011, but progress was slower in low- and medium-income countries than in high-income countries.

• By 2012, 38 countries had banned smoking in schools, and 32 had banned smoking in universities, but implementing and enforcing these policies is a common challenge in the Region.

• Adoption of a convention on mercury in 2013 was an important step towards protecting children from its effects, but a WHO survey showed that only half of European countries have taken action so far.

• Most European countries have banned the use of asbestos, but almost one third still use it, and some still produce it.

• 22 European countries have national strategies for adaptation to climate change, including actions to reduce the health effects.

Through its European Environment and Health Centre, based in Bonn, Germany, the Regional Office provides scientific evidence to underpin the work of the Environment and Health Process and develops tools and normative guidance on issues such as air, noise and water quality to support Member States in implementing their commitments.
Combating antimicrobial resistance by intersectoral and interdisciplinary action

Health 2020 strategic objectives:

Improving leadership and participatory governance for health

Health 2020 priority area 2:

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

Aligned with SDG target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

WHO recognizes antimicrobial resistance (AMR) as one of the major health threats of our time. Although resistance of microbes to treatment is a natural phenomenon, the misuse and overuse of antimicrobial agents has greatly accelerated the rate at which resistance occurs and spreads. AMR is not a problem of any one country: successful control requires that all countries become involved in intersectoral, interdisciplinary, international action.

The countries of the WHO European Region adopted a European strategic action plan on resistance to antibiotics in 2011. Since then, the Regional Office has supported their efforts to combat this threat. A global action plan was adopted in 2015.

The work of the Regional Office on AMR cuts across numerous areas and sectors, including food safety, agriculture, health technology and pharmaceuticals. It exemplifies the intersectoral, inter-country work championed in Health 2020. The activities, including creation of the WHO Antimicrobial Medicines Consumption network and the Central Asian and eastern European Surveillance of Antimicrobial Resistance network, have increased the amount of reliable, comparable data on antibiotic consumption and resistance, respectively. The data have also spurred countries to take action on AMR, by raising the profile of this pressing issue among policy-makers.
Strengthening AMR surveillance has been identified as important in many country situation analyses, which summarize the current status of AMR in countries and recommend follow-up action. The ultimate goal is to assist countries in developing strong national action plans based on the global and European plans.

Since 2008, countries in the Region have been recognizing “European Antibiotic Awareness Day” on 18 November each year, to emphasize their shared responsibility to prevent AMR. The Regional Office joined the initiative in 2012 in order to extend it to more countries, and, today, scores of events on antibiotic resistance are held each year throughout the Region. Building on this success, WHO launched the first World Antibiotic Awareness Week in 2015.

The European strategic action plan on antibiotic resistance has seven areas of action:
1. Promote national intersectoral coordination.
2. Strengthen surveillance of AMR.
3. Strengthen surveillance, and promote stewardship of antimicrobial drug use.
4. Strengthen surveillance of resistance to and use of antimicrobial agents in the food animal industry.
5. Improve infection control and stewardship of AMR in health care settings.
6. Promote research and innovation on new drugs and technology.
7. Ensure patient safety, and improve awareness of antimicrobial use and resistance.
Health 2020 strategic objectives:

Improving health for all and reducing health inequalities

Improving leadership and participatory governance for health

Health 2020 priority area 4:

Creating resilient communities and supportive environments

Aligned with SDG 10 – Reduce inequality within and among countries (target 10.7: facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies)

Migration is a growing public health challenge in the European Region, which has an estimated 74.5 million migrants, accounting for nearly 8.4% of the total population.

While the health implications of migration have often been viewed through the lens of emergencies and humanitarian crises, the Regional Office has increasingly encouraged and supported countries in adopting a systematic, sustainable approach to migration and health.

The Region began to examine the feasibility of this approach in 2011, when a high-level ministerial meeting in Rome, Italy, resulted in a pledge for concrete action on health and migration by the Regional Office, in the Rome Action Plan, and the Italian Government provided financial support for creation of the Public Health Aspects of Migration in Europe (PHAME) project. Italy’s strategic contribution allowed the Region to turn the challenge into an opportunity, making it the first – and still the only – WHO region to address the health implications of migration in a systematic, comprehensive way.

Since its creation, the PHAME project has provided continuous support to European ministries of health through health system assessments, provision of on-site technical assistance and policy advice. Following the changing routes of migration, these activities initially focused on southern European countries along the Mediterranean and later spread to the southeastern part of the Region.

Through PHAME, the Regional Office has helped Member States to apply the inter-country, multisectoral approach championed by Health 2020 to the issue of migration health. Through partnerships formed between the Regional Office and countries to assess current capacity and to implement new, long-term plans for improving migrants’ health, the Region is clearing an innovative new path that may well provide a blueprint for other WHO regions. At the same time, it is managing migration in a systematic, sustainable way.

WHO Migration Health Toolkit

Joint assessment missions have been conducted with ministries of health across the European Region with the new WHO Toolkit for assessing health-system capacity to manage large influxes of migrants in the acute phase. This new self-assessment tool was developed by WHO in consultation with Member States as a guide for the proper management of this complex, resource-intensive, socially disruptive, politically sensitive issue.
In 2015, the WHO European Region experienced an unprecedented influx of refugees and migrants. The United Nations Refugee Agency (UNHCR) reported that over one million people arrived in Europe via the Mediterranean, mostly from conflict areas such as Afghanistan, Iraq and the Syrian Arab Republic. This figure was an addition to the more than 3 million Syrian refugees hosted by Turkey.

As the refugee and migrant crisis has escalated in the Region, WHO has worked to strengthen its ability to respond quickly and efficiently to the increasing number of arrivals and requests for assistance from transit and receiving countries, in particular. WHO efforts have included preparing additional health system assessment missions, delivering medical supplies, providing training on refugee and migrant health for health and non-health professionals and preparing information materials to dispel misconceptions about migration and to share evidence-based information.

Recognizing that the influx of migrants into the European Region is not an isolated crisis but rather a reality that will affect the countries of Europe for some time to come, the WHO Regional Office has worked to bring countries together to face the challenges of migration health with a common approach. High-level gatherings during the Regional Committee meeting in September 2015 and hosted by the Italian Ministry of Health in November 2015 helped lay the groundwork for countries to agree on a common public health understanding of large-scale migration across the European Region and identified priorities for research, policy development and technical assistance. WHO will continue working towards a regional framework for this important issue.

WHO work on migration and health touches on numerous areas, including the management of communicable and noncommunicable diseases, the impact of migration on health systems, the effect of migration as a determinant of health and its impact on health equity. In all these areas, WHO works to ensure that each and every person on the move is granted full access to a hospital environment, to prevention and, when needed, to high-quality care, without discrimination on the basis of gender, age, religion, nationality or race and grounded in the principles and values of Health 2020.

Health Evidence Network reports

In the absence of reliable, comparable data on migration patterns and trends across Europe, the Regional Office has commissioned a series of Health Evidence Network synthesis reports. The first three reports focus on three groups of migrants who require different policy approaches: undocumented migrants, labour migrants and refugees and asylum-seekers. Each report includes reviews of policies and interventions for reducing inequality in access to and the quality of health care. Further reports will focus on other relevant areas, such as migrant and refugee mental health and maternal health.
**Health 2020 strategic objectives:**

**Improving health for all and reducing health inequalities**

**Health 2020 priority area 3:**

**Strengthening people-centred health systems and public health capacity, including preparedness and emergency response**

Addresses several SDGs targets, including 1.5, 11.5 and 16.1

Health and humanitarian crises are usually unpredictable, resulting from sudden catastrophic events like earthquakes or floods or from complex emergencies like violent conflict; or they may result from the gradual breakdown of a country’s social institutions. When disaster strikes in the European Region, the WHO Regional Office works with the countries and with national and international partners to address the health consequences and help to mitigate their long-term effects.

The European Region has faced two severe humanitarian crises in recent years: the conflict in eastern Ukraine and the civil war in the Syrian Arab Republic, which has ramifications for Turkey. In both instances, the Regional Office has taken an active, vital role in the response.

**Turkey: key activities**

As the lead agency of the health cluster in humanitarian emergencies, WHO has worked with the Ministry of Health of Turkey and other partners to ensure effective coordination and to enhance access to equitable, lifesaving health services for Syrian refugees. WHO established a field presence in Gaziantep, Turkey, in October 2013 and has since scaled up its capacity and activities. As of mid-2015, WHO had procured 116 emergency kits for distribution in affected provinces to meet the primary health care needs of 170,000 people for 3 months and provided treatment for 1300 emergency cases and 4000 surgical operations.

WHO supports the Ministry of Health of Turkey in responding to immediate health issues, such as conducting a vaccination campaign in Suruc district following an influx of approximately 190,000 refugees and supporting continuous surveillance and vaccination activities to prevent the importation and spread of poliovirus. These activities contributed to greater than 90% vaccination coverage in in the southeastern region of Turkey bordering the Syrian Arab Republic and cities that host Syrian refugees.

In collaboration with the Ministry of Health of Turkey and Gaziantep University, WHO has also developed a curriculum and training programme for Syrian doctors to adapt their skills to those of the health services and practices in Turkey.
An estimated 5 million people have been affected by the conflict in eastern Ukraine since it began in 2014. Most of them lack essential health services.

WHO works with the Ministry of Health of Ukraine and its partners to fill gaps in the provision of high-quality primary and secondary health care for people displaced by the conflict. So far, consultations have been provided to nearly 200,000 people in mobile emergency primary health care units in the conflict areas, with the provision of essential medicines and medical supplies for the 370,000 people living in these areas.

Immense efforts are being made to combat communicable diseases, including HIV infection and tuberculosis, and to address NCDs such as hypertension and diabetes. In response to the extremely low vaccination coverage for polio and other vaccine-preventable diseases, WHO is collaborating with partners on finalizing a new national plan for improving coverage.

WHO, the Ukrainian Ministry of Health, partners and the donor community are building on the crisis response to further modernize the health system and public functions in Ukraine. Efforts are made to support health care facilities in areas that are not controlled by the Government and to purchase medications for the entire country.
Elimination of measles and rubella in Europe is an achievable goal; polio and malaria show the way

Health 2020 priority area 2:

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

Aligned with SDG 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases; also addresses SDG 3.8”: Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

In 2010 all Member States of the European Region reconfirmed their joint goal of eliminating measles and rubella from the entire Region. Great progress has been made, but immunization gaps persist, including in high-income countries, where the cost of vaccinating each person is 15 times lower than the cost of health care for one case of measles. Large outbreaks of measles and rubella – and the devastating congenital rubella syndrome the latter can cause in newborn babies – continue to occur and stand in the way of Region-wide elimination.

WHO recommends 95% coverage with two doses of the measles, mumps and rubella vaccine. When routine coverage is sufficiently high, it builds a “wall” of population immunity. Imported cases might lead to a few secondary cases, but the wall effectively prevents a large, sustained outbreak from taking place. Building this wall is, therefore, the most important step in achieving elimination. Experience in the Americas shows that elimination of both measles and rubella is possible, and the European Region has already demonstrated its ability to focus collective efforts on stopping serious diseases.

A similar process of building immunity led to the certification of polio eradication in Europe in 2002. Since then, more than 90 million infants across the Region have received the recommended three doses of polio vaccine, while national and regional surveillance systems and laboratories have ensured that no polio case has been left undetected. Together with comprehensive outbreak preparedness and response measures, these efforts have enabled the Region to maintain its polio-free status, despite several episodes of wild poliovirus importation over the years including a large outbreak in Tajikistan in 2010.

Another successful elimination story is the interruption of local transmission of malaria in Europe by the end of 2015. Thanks to a combination of strong political commitment, heightened detection and surveillance, community involvement, cross-border collaboration and risk communication, the number of reported locally acquired cases dropped dramatically in two decades: from over 90 000 in 1995 to only 2 cases in Tajikistan in 2014. Nevertheless, about 5 000 cases were imported into the Region in 2014, and the threat of reintroduction of the disease remains. A regional framework 2014–2020 identifies continued vigilance, vector surveillance and control and early detection of cases in humans as vital components to preventing the reintroduction and further spread of malaria.

Progress in many countries means that Europe is on its way to eliminating measles and rubella. This progress should be maintained and intensified. Significantly more countries could rapidly interrupt transmission, but only a concerted effort will ensure that all countries achieve elimination, preventing unnecessary suffering and saving lives and money.
Aligned with SDG target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age

In Kyrgyzstan and Tajikistan, the outcome of a project to improve hospital care for children demonstrates how the Regional Office’s work at country level can improve health and well-being in communities while also making progress towards regional targets, such as those of the WHO European child and adolescent health strategy 2015–2020.

The aim of the 3-year project, carried out with funding from the Russian Federation, was to establish impetus at national level and in hospitals to improve the quality of paediatric care. To achieve this, the Regional Office and its partners selected 10 pilot district hospitals in each country. After an assessment of paediatric care in the facilities, WHO experts and partners prepared an improvement plan, starting by adapting the WHO Pocket book of hospital care for children – a set of clinical guidelines for health workers – for each local context. The Regional Office then led training sessions for national health experts to give them the knowledge and skills to apply the adapted guidelines. The project included not only training and mentorship but also procurement of basic life-saving equipment and hospital renovation.

Systematic evaluation of the project’s impact in Kyrgyzstan showed improvements in all the areas flagged as concerns in the initial assessment. For example, unnecessary hospitalization of children dropped to 13% from 62%, and irrational use of medicines fell even more dramatically, from 84% to 12%.

The impact of the project goes far beyond the figures: It has also had a tangible effect on individuals, both health workers and patients. As one nurse stated, “I have been working in this hospital for 40 years, and now we are child friendly”.

By giving health care workers the knowledge and tools to provide higher-quality care, children in Kyrgyzstan and Tajikistan now enjoy safer, more positive experiences at community hospitals. The benefits come with another important advantage: cost savings for the hospitals. One hospital reported saving 68% in two of its departments over a 1-year period.
Better information for better health decisions

Health information and evidence are the backbone of public health and policy. There is a wealth of data on health and evidence from research in the European Region, but, unless this information is synthesized, interpreted and made accessible, it cannot have a meaningful impact on public health.

The European Health Information Initiative is a multi-partner network committed to improving health by providing the information that underpins policy. This involves fostering international cooperation to exchange expertise, build capacity and harmonize data collection. The network includes Member States, WHO collaborating centres, health information networks and independent institutions. It was established in 2012 with start-up funding from the Netherlands and is led by the Regional Office.

The Evidence-informed Policy Network (EVIPNet), also launched in 2012, takes health information a step further by strengthening country capacity for systematic use of the results of health research in policymaking. The knowledge translation platforms established through EVIPNet Europe at country level bring decision-makers, researchers and representatives of civil society together to translate knowledge into policy.

WHO health information and evidence gateway

Health information must be readily accessible. The Regional Office for Europe therefore provided a "one-stop shop" for integrated health information by launching a health information and evidence portal in 2014. The portal provides quantitative and related qualitative information from WHO, other relevant organizations and partners and is available in both English and Russian. It covers policy-relevant themes such as Health 2020, NCDs, healthy ageing, antimicrobial resistance, the environment and health and health inequalities. The gateway also offers new profiles on health in the 53 countries in the European Region.

European health report

As part of its mandate to monitor and report on health in the Region, the WHO Regional Office for Europe publishes the European health report, its flagship publication, every 3 years. The aims of the report are to: provide policymakers and public health professionals with epidemiological evidence for attainment of the strategic objectives, targets and priorities of Health 2020; analyse social, economic and environmental determinants of health; and identify challenges for measuring health in the coming decade and setting a collaborative agenda to collect, analyse and make use of Region-wide health data.

Bilingual, peer-reviewed health journal

In June 2015, the Regional Office launched its first bilingual, peer-reviewed, open-access journal, called Public Health Panorama. The mission of the journal is to contribute to improving health in the Region by publishing timely, reliable research and providing evidence, information and data for public health decision-making. It is published in both English and Russian.
Partnerships

The Regional Office has established partnerships with many health and health-related agencies in the European Region to ensure that the work of national and international organizations is coordinated to benefit the lives of people in the Region. Key partners include United Nations agencies, programmes and funds, the European Union and its institutions, the Organization for Economic Co-operation and Development, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the GAVI Alliance and international, regional and national nongovernmental and civil society organizations.

Additionally, the Regional Office works with many subregional networks, such as the South-eastern Europe Health Network, the Nordic Council of Ministers, the Northern Dimension Partnership in Public Health and Social Well-being, the Small Countries Initiative, the Commonwealth of Independent States, the Regions for Health Network, the Healthy Cities Network and other intergovernmental and nongovernmental networks. The Regional Office is also a partner and host of the European Observatory on Health Systems and Policies.

Without its partners, the Regional Office’s work would be impossible. Furthermore, they contribute to SDG 17.17: Encourage and promote effective public, public–private and civil society partnerships, building on the experience and resourcing strategies of partners.

Budget, funding and resource allocation

The WHO budget is about US$ 4 billion for each 2-year period. Approximately one fourth of this amount represents regular contributions from WHO’s Member States; the remaining 75% consists of voluntary contributions from countries, agencies and other donors. This budget covers the work of WHO at the three levels of the Organization: headquarters, regional offices and country offices.

The WHO European Region’s 2-year budget is about US$ 240 million, from both regular and voluntary contributions. The budget is organized into six categories and implemented according to priorities agreed upon with Member State.

WHO European Region budget in six categories

- Communicable diseases
- Noncommunicable diseases
- Promoting health through the life-course
- Health systems
- Preparedness, surveillance and response
- Corporate services/enabling functions
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The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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