European Advisory Committee on Health Research

Ninth Meeting, Copenhagen, Denmark, 3–4 May 2018
ABSTRACT

The European Advisory Committee on Health Research (EACHR) reports directly to the 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 EACHR held its ninth formal meeting in Copenhagen, Denmark, on 3–4 May 2018. Engaging with the Regional Director, it reviewed the implementation of previously agreed actions and updated the EACHR action plan. It offered advice on a range of research topics, including the joint monitoring framework, early childhood development, the cultural contexts of health and well-being, the European Food and Nutrition Action Plan 2015–2020, big data, and primary health care. The EACHR put forward new recommendations and action points, including the creation of an intersectoral ministerial task force to set the public agenda for the use of big data in health research.

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- Health Services Research
- Evidence-Based Practice
- Policy Making
- Health Policy
- Europe

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<tr>
<td>CCH</td>
<td>cultural contexts of health and well-being</td>
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<td>COSI</td>
<td>Childhood Obesity Surveillance Initiative</td>
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<td>DIR</td>
<td>Division of Information, Evidence, Research and Innovation</td>
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<td>EACHR</td>
<td>European Advisory Committee on Health Research</td>
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<td>ECD</td>
<td>early childhood development</td>
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<td>EHII</td>
<td>WHO European Health Information Initiative</td>
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<td>EVIPNet</td>
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<td>GPW13</td>
<td>General Programme of Work 2019–2023</td>
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<td>HEN</td>
<td>Health Evidence Network</td>
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<td>JMF</td>
<td>joint monitoring framework</td>
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<td>NHRS</td>
<td>national health research system(s)</td>
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<td>NCD</td>
<td>noncommunicable disease</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<td>TDR</td>
<td>Special Programme for Research and Training in Tropical Diseases</td>
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<td>UNICEF</td>
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EXECUTIVE SUMMARY

The European Advisory Committee on Health Research (EACHR) held its ninth meeting in Copenhagen, Denmark, on 3 and 4 May 2018. Alongside the WHO Regional Director for Europe, it reviewed progress on the action points and recommendations agreed at its eighth meeting and explored and offered advice on several key research areas.

Meeting topics included the development of a joint monitoring framework (JMF) for the WHO European Region, investing early childhood development (ECD), the cultural contexts of health and well-being (CCH), a strategy for big data in public health, primary health care, the European Food and Nutrition Action Plan 2015–2020, implementation research and the European Health Research Network.

The EACHR also received updates on WHO's global and regional priorities, in particular the proposed General Programme of Work 2019–2023 (GPW13) and the WHO Regional Committee for Europe's draft agenda, which will focus on equity in the upcoming year.

The EACHR provided guidance in each of these areas, with emphasis on two key principles: (i) health research is intersectoral and requires a multifaceted approach; and (ii) capacity must be built for implementation and health systems research. In particular, the EACHR stressed the need to support the development of the JMF to reduce the reporting burden for Member States; invest in ECD, with the research focus on implementation and impact; further explore the relationship between art, design and health, while keeping the CCH perspective; consider creativity and innovation alongside patient security when exploring the research opportunities available through big data; and consider the need for research on how different stakeholders acquire knowledge about food and nutrition to allow for appropriate targeted knowledge translation mechanisms and the related CCH aspects that need attention in this sphere.

The EACHR also heard information sessions highlighting the importance of investment in primary health care and the preparations for the upcoming meeting planned in Astana, Kazakhstan to commemorate the 40th anniversary of the Alma-Ata Declaration; an update from the implementation research subgroup, their draft terms of reference and proposed actions; and about the establishment and initial first steps of the recently formed European Health Research Network.

The EACHR and Regional Director identified several additional areas for engagement. These included:

- offering advice for the development of specific research questions related to the JMF;
- participating in an intersectoral ministerial task force to set the public health agenda for the use of big data in health research and policy-making;
- contributing to the review of the draft new primary health care declaration; and
- supporting the development of a WHO Europe health equity status report.
INTRODUCTION

The EACHR reports directly to the WHO Regional Director for Europe. Its purpose is to advise the Regional Director on the formulation of policies for the development of research for health in the Region, review the scientific basis of selected WHO programmes, advise on new findings on public health priorities and evidence-informed strategies to address them, and facilitate the exchange of information on research agendas and evidence gaps (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. Terms of reference of the EACHR

1. Advise the WHO Regional Director for Europe on the formulation of policies for the development of research on 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 on 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 the 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 EACHR held its ninth meeting in Copenhagen, Denmark, on 3–4 May 2018. It reviewed, in the presence of the Regional Director, the progress made on the action points from its eighth meeting and advised on a range of key research considerations and areas, including development of the JMF for the WHO European Region, ECD, the CCH, development of a big data strategy for public health, primary health care, the European Food and Nutrition Action Plan 2015–2020, implementation research, and the European Health Research Network.

OPENING SESSION

Professor Tomris Türmen, EACHR Chair and President of the International Children’s Centre, Bilkent University, Turkey, opened the meeting and introduced the WHO Regional Director for Europe.

Dr Zsuzsanna Jakab, WHO Regional Director for Europe, thanked Professor Türmen and Vice-Chair Professor Rozá Ádány, Head of Department of Preventive Medicine, Faculty of Public Health, University of Debrecen, Hungary, and all members of the EACHR for their participation.

Professor Türmen welcomed new members following the regular rotation of experts, as outlined in the guidance document of WHO Expert Committees: Dr Moriah Ellen, Senior Lecturer, Department of Health Systems Management, Ben-Gurion University of the Negev, Israel; Professor Mihajlo Jakovljevic, Head of Global Health Economics & Policy PhD Curriculum, University of Kragujevac, Serbia; Dr Iveta Nagyova, Head & Senior Research Leader, Department of Social and Behavioural Medicine, Pavol Jozef Safarik University, Slovak Republic; Dr José Antonio Valverde Albacete, Emergency Physician, EPES, Spain;
INTRODUCTORY REMARKS BY THE WHO REGIONAL DIRECTOR FOR EUROPE

Dr Zsuzsanna Jakab reported on the work of WHO since the EACHR’s eighth meeting, underscoring in particular the importance of the election of the new Director-General, Dr Tedros Adhanom Ghebreyesus, in July 2017. Dr Jakab briefed the EACHR on three issues: (i) the draft GPW13, which sets out a global health agenda and WHO’s medium-term strategic plan for the next five years; (ii) the organizational transformations at WHO; and (iii) the regional priorities influencing the agenda for the upcoming 68th session of the WHO Regional Committee for Europe in September 2018.

Global priorities

Global issue 1: Election of Director-General, Dr Tedros Adhanom Ghebreyesus

Since taking office in July 2017, Dr Tedros has introduced a new political vision to the WHO, reinforcing its global commitment to sustainable development – as enshrined in the Sustainable Development Goals (SDGs) – which offer a unique opportunity to address the social, economic and political determinants of health and to improve the health and well-being of populations. Dr Tedros’s vision is focusing on three pillars: (i) placing health at the centre of the global agenda; (ii) putting people first; and (iii) engaging countries and strengthening partnerships. These three pillars have been translated into GPW13, building on the progress of the last 10 years.

Global issue 2: GPW13

The draft GPW13 (1), which has gone through an extensive consultation process with Member States, non-state actors and staff of the WHO Secretariat, was submitted for final adoption at the 71st World Health Assembly in May 2018. The vision of the GPW13, “A world in which all people attain the highest possible standard of health and well-being”, is rooted in Article 1 of WHO’s Constitution and has been translated into the following missions statement: to keep the world safe, improve health and serve the vulnerable. In line with its vision and mission, GPW13 sets three strategic priorities and links them to the ambitious SDGs for driving progress (2):

1. Healthier populations. One billion more people enjoying better health and well-being.
2. Health emergencies. One billion more people better protected from health emergencies.
3. Universal health coverage. One billion more people benefiting from universal health coverage.

To implement GPW13’s vision and mission, a range of strategic and organizational shifts are foreseen to take place: WHO will step up its leadership at the global, regional and country levels to drive public health impact in every country. Towards this, WHO will work to optimize organizational performance by
measuring impact, reshaping its operating model, strengthening critical systems and processes, fostering a culture of change, and transforming its partnerships, communications and financing.

Global issue 3: Transformation of WHO

WHO continues to pursue its organizational transformation and reform processes to achieve ambitious health goals and meet global health needs and concerns. These efforts are being led by the Global Policy Group (3), which has identified and discussed the required changes to WHO’s business processes and its operating model, culture and external engagements, aiming to transform the organization into an agile and flexible organization.

Regional priorities

Regional issue 1: The 67th session of the WHO Regional Committee for Europe

Dr Jakab summarized the outcomes of the 67th session of the WHO Regional Committee for Europe (in 2017) and introduced the agenda for the upcoming 68th session, which will be held in Rome in September 2018.

The agenda of 67th session of the Regional Committee included technical discussions on accelerating implementation of the International Health Regulations (2005) and strengthening laboratory capacity, along with progress reports on alcohol consumption, food and nutrition, and mental health. The key outcomes of 67th session of the Regional Committee included the adoption of several important resolutions:

- **EUR/RC67/R3 Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020 (4), the European policy for health and well-being (5), through which Member States adopted an implementation plan for the 2030 Agenda for Sustainable Development (which is built on Health 2020), as well as the JMF for SDGs, Health 2020 and the WHO Global NCD Action Plan 2013-2020.**
- **EUR/RC67/R4 Declaration of the Sixth Ministerial Conference on Environment and Health (6), in which Member States committed to developing a tailored national portfolio for action in seven priority areas and endorsed the new institutional arrangements for the European Environment and Health Process.**
- **EUR/RC67/R5 Towards a sustainable health workforce in the WHO European Region: framework for action (7), in which Member States adopted a framework to achieve the objectives of Health 2020 by transforming and sustaining an effective health care workforce.**
- **EUR/RC67/R7 Partnerships for health in the WHO European Region (8), in which Members States committed to building regional partnership for health.**
- **EUR/RC67(1) Strengthening Member State collaboration on improving access to medicines in the WHO European Region (9), in which the Regional Office was called upon to work with Members States to ensure that people have equitable access to affordable medicines.**

Regional issue 2: The 68th session of the WHO Regional Committee for Europe

The agenda for the upcoming 68th session of the Regional Committee is being developed. The agenda will focus on:

- the implementation of the SDG roadmap in the WHO European Region, which will be linked to adoption of the JMF;
- consideration of the outcomes of two meetings on health systems: a meeting in Sitges, Spain, where Member States considered health system responses to the growing challenge of NCDs (10), and an upcoming meeting on Health Systems for Prosperity and Solidarity, in Tallinn, Estonia, which will consider the progress made in the last 10 years since adoption of the Tallinn Charter; and
• proposing actions to strengthen financial protection for populations in the WHO European Region to access health care.

The Region is also preparing for the Global Conference on Primary Health Care (11) to be held in Astana, Kazakhstan, 25 and 26 October 2018. The meeting marks the 40th anniversary of the Alma-Ata Declaration (12). A new declaration will reaffirm the principles of the original Declaration and update it to reflect today's concerns and context.

Other agenda topics for the 68th session of the Regional Committee will include vaccine preventable disease and immunization; public health preparedness and response; and men's health and well-being. The European Health Report 2018 and a report on the status of health equity in the WHO European Region will be launched at 68th session of the Regional Committee. The Health Equity Status Report will capture lessons learned and examples of promising practice. It will demonstrate how country-specific and multicountry alliances are safeguarding against inequity, working to increase equity in health and working to improve the conditions needed for all people to be able to live a healthy life.

In her concluding remarks, Dr Jakab requested the EACHR to align its recommendations with the WHO’s global and Regional strategic priorities and in particular to participate in the public consultation for the draft Alma-Ata Declaration.

EACHR discussion and recommendations

Participants expressed their thanks for Dr Jakab’s update on WHO's activities and priorities and agreed to the following specific action points.

Action points

- The WHO Secretariat and EACHR will prioritize EACHR work within the context of GPW13, paying particular attention to research on the impact of policy at the country, regional and global levels.
- The EACHR will review the draft Primary Healthcare 2018 declaration, which is available for public consultation.

REVIEW OF THE IMPLEMENTATION OF ACTIONS FROM PREVIOUS EACHR RECOMMENDATIONS

Dr Claudia Stein, Director, DIR, reviewed a comprehensive list of previous EACHR recommendations. She reported that the vast majority of agreed actions were either completed or ongoing and provided an overview of the WHO Secretariat’s work on selected EACHR recommendations across the following eight topics.

The Joint Monitoring Framework

The decision to develop the JMF was adopted in resolution EUR/RC67/R3, in which Member States agreed to establish a common and reduced set of indicators appropriate for all three frameworks: SDGs, Health 2020 and the WHO Global NCD Action Plan 2013–2020 (13). In response to the recommendation of the 67th session of the WHO Regional Committee, the WHO Secretariat convened an expert group tasked with identifying a common set of indicators for the JMF. The expert group met in Vienna, Austria on 20 and 21 November 2017, and reported its recommendations (14). The WHO Secretariat is currently in consultation with Member States on the proposed framework.

Primary health care

The WHO Secretariat will co-organize the Global Conference on Primary Health Care "Towards Health for All", which will be hosted by the President of Kazakhstan, WHO and the United Nations Children’s Fund (UNICEF), on 25 and 26 October 2018 in Astana, Kazakhstan (11). A detailed report on the Global
Conference on Primary Health Care and a related discussion on a research agenda for primary health care took place in a later session of the meeting.

**Big data in public health**

A technical briefing on big data was presented at the 67th session of the Regional Committee (15), after which Member States recommended that the WHO Secretariat should present the issue of big data to the WHO European Health Information Initiative (EHII) Steering Group. In March 2018, the WHO EHII Steering Group offered recommendations and identified next concrete steps for the WHO Regional Office for Europe, including developing definitions, identifying relevant users and target groups, and defining methods for use in evidence informed policy-making (16).

**Childhood obesity and nutrition**

The research undertaken, preparation of guidelines and other publications, and other actions in line with the EACHR’s previous recommendations demonstrated the WHO Secretariat’s commitment to work on and further develop childhood obesity surveillance within the Region (17). Further information was provided to the EACHR in a dedicated session on the WHO European Food and Nutrition Action Plan 2015–2020 (18) at the meeting.

**Vaccine-preventable diseases and immunization**

The Regional Office has been designated a Global Competence Centre on this topic and has developed a vaccination and trust library (19) that contains a portfolio of tools and training programmes. Guidance on responding to vaccine deniers has been issued and an intersectoral health education project has been launched. These tools and programmes are being adapted for global application and a team to manage vaccine demand and acceptance has secured long-term funding.

**Antimicrobial resistance and nosocomial infection**

The WHO Secretariat has adopted a whole-of-government approach that takes into account the CCH when addressing antimicrobial resistance. A multicountry meeting was organized by the WHO Secretariat, and the Control of Antimicrobial Resistance programme and the Evidence-informed Policy Network (EVIPNet) Europe have formed a strategic partnership to support countries in developing locally adapted, evidence-informed policy guidance to combat antimicrobial resistance, which has benefitted seven Member States so far (20).

**Implementation research**

Based on the 2017 EACHR recommendations, an EACHR subgroup on implementation research has been formed, which had a virtual meeting in March 2018. The terms of reference were adopted by the subgroup, the Chair and Co-Chair were formally nominated, and a draft workplan developed.

**Cultural contexts of health and well-being**

The DIR continues to promote the integration of a CCH approach throughout the WHO European Region. For instance, DIR is working on the Knowledge Hub on Health and Migration, is collaborating on a Health Evidence Network (HEN) synthesis report summarizing evidence for the health benefits of the Mediterranean and New Nordic diets and has published a HEN report on the use of narrative methods in public health (commended at the British Medical Association book awards) (21). An international workshop was held in Prague to improve key cultural aspects that impact and drive mental health reform. In addition, a policy brief on CCH, entitled Culture matters: using a cultural contexts of health approach to enhance policy-making, was published (22).
Mental health
The Regional Office has published a report on addressing the issue of comorbidity between mental disorders and major NCDs. In this context, the international workshop in Prague in collaboration with the CCH project was once again highlighted as a key achievement related to mental health in the Region (23). The Regional Office and WHO Headquarters have been working closely with the Lancet Commission on Global Mental Health to prepare new guidance materials on refugee and migrant mental health. This work was implemented in collaboration with the WHO Collaborating Center at Queen Mary University of London. There has also been an evidence review on effective interventions for promoting mental health and well-being in adolescents and preventing mental health and behavioural problems through the WHO Collaborating Center for Health Promotion Research in Galway, Ireland.

Migration and health
Migration and health continue to be a focus of work within the WHO Regional Office. The WHO Secretariat developed a progress report on implementation of the Strategy and action plan for refugee and migrant health in the European Region, which was adopted in 2016 (24). In addition, the WHO Secretariat is currently developing the first report on the health of migrants and refugees in the WHO European Region. This report is expected to be published later in 2018.

There are a number of ongoing activities on migration and health. These include Migration and Health Knowledge Management (MiHKMa) (25) and the Knowledge Hub on Health and Migration (26). In addition, eight themed HEN synthesis reports on migration and health have been published and an additional four reports are scheduled for 2018.

Building on the successes and lessons learned in the WHO European Region, the Regional Office’s Migration and Health Programme is currently assisting the Director-General and the Regional Director to establish a migration and health programme at WHO Headquarters.

Early childhood development (recommended for discussion by the Chair)
ECD is a key area for promoting the growth and optimal development of children and is a target of SDG 4.2. WHO’s response includes Nurturing Care, a joint WHO/UNICEF initiative (27), and other approaches to ECD are in place in the Region, such as incorporating work on ECD into the redesign of child health programmes (28).

The WHO European Health Information Initiative
The WHO EHII is a network for improving the information that underpins health policies in the Region. It fosters international cooperation to support the exchange of expertise, build capacity and harmonize processes in data collection and reporting and works to reduce the fragmentation of health information in the Region. WHO EHII is a growing multipartner network with 39 members (at the time of writing the report), most of which are Member States, and partners including the European Commission, the Organisation for Economic Co-operation and Development and global institutions such as the Institute for Health Metrics and Evaluation and the Wellcome Trust. The WHO EHII Steering Group provides overarching coordination and guidance for health information and research activities in the Region and the WHO Secretariat’s monitoring and reporting work is achieved through a coordinated approach that falls under the umbrella of the WHO EHII. The WHO EHII is identified as the implementation pillar for the Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region (28).

Member States recognize the WHO EHII as the platform for improving health information across the Region and have requested the WHO Secretariat to present the issue of big data.
European Health Report 2018

The European Health Report is a flagship report that is published every three years. The Report series shows the evolution of health information in the Region, informs progress on Health 2020 targets and identifies additional work required to ensure that the Region is measuring progress in health and well-being. The 2018 report also attempts to describe and measure values-based concepts of Health 2020, including: community resilience, community empowerment, and life-course and whole-of-society approaches.

The European Health Report 2018 is ready for external review and EACHR members were invited to participate in the peer-review process.

EACHR discussion and recommendations

A number of EACHR members congratulated the WHO Secretariat on the work done to implement the EACHR recommendations. The Chair, Professor Türmen, thanked the WHO Secretariat and stated that it was both interesting and satisfying that each year the EACHR provides new ideas and advice; and that when the EACHR returns for its annual meeting, the WHO Secretariat has put those ideas and advice into concrete actions.

Participants identified the challenges to knowledge transition across sectors. It was agreed that national research, financial and health institutions are not well connected or integrated, leading to poor intersectoral knowledge exchange. As a result, research is often carried out without an awareness of policy requirements (“research for the researchers”) and frequently does not reach policy-makers, health institutions or the general population. Participants added that the different terminologies used by the various institutions and stakeholders to describe evidence results in differential understanding and undermines the integration of knowledge across those institutions. In particular, the EACHR made the following recommendations.

- Complement policy recommendations with economic and financial information to ensure the sustainability of policy proposals. Policy proposals will have more impact when the economic evidence base for the proposals is improved.
- Connect researchers and policy-makers through a two-way communication platform, as promoted by EVIPNet Europe.
- Develop a glossary to define terms such as evidence and knowledge to ensure a common understanding by experts and stakeholders from different disciplines.
- Bring together different types of research and knowledge and connect them with the policy and implementation agenda.
- Raise awareness for and increase investment into public health research at the city level, with a particular focus on fostering implementation research.

Action point

- EACHR members were invited to volunteer as reviewers for the European Health Report 2018.


Ms Tina Dannemann Purnat, Unit Leader, Health Informatics and Information Systems and a.i. Unit Leader and Programme Manager, Health Information, Monitoring and Analysis, DIR, reported on the development status of the JMF and asked the EACHR about the research implications of implementing the JMF.
The primary purpose of the JMF is to reduce the reporting burden placed on Member States with regard to the three major health monitoring frameworks of the WHO European Region: (i) Health 2020 (4); (ii) the Global Goals for Sustainable Development (SDGs) (2); and (iii) the Action plan for the prevention and control of noncommunicable diseases in the WHO European Region (29). The JMF will consist of a common set of highly relevant and routinely collected data that overlaps with the three frameworks and was adopted by resolution EUR/RC67/R3 as a way forward (5). Following the adoption of EUR/RC67/R3, an expert group tasked with identifying the common set of indicators for the JMF met in Vienna, Austria on 20 and 21 November 2017 and proposed a set of 40 indicators covering eight public health domains: mortality and health expectancies, health behaviours and risk factors, social determinants of health, morbidity (NCDs and communicable diseases), health systems, well-being, environmental health and health policy. The systematic process by which the expert group arrived at their recommendations was described to the EACHR; details can be found in the meeting report (13).

Consultations with Member States began in March 2018, and the result of these will be reviewed by the Standing Committee of the Regional Committee in May in Geneva. The WHO Secretariat anticipates that a final recommendation for the JMF will go to the WHO Regional Committee for Europe in September in Rome. Ms Purnat asked for the EACHR’s views on the following questions.

- What are the main implications of the JMF for research in Europe?
- Do you see a danger that such a reductionist approach to reporting may stifle research? If so, what can WHO do to ensure this does not happen?
- Do you see any ways in which such monitoring frameworks can enhance research?

**EACHR discussion and recommendations**

Participants praised the JMF as a systematic and practical approach to reducing the reporting burden of Member States and agreed that collecting comparable and harmonized data would lead to an improved understanding of the state of public health and of health systems and services across the Region. The EACHR also recommended that the links between the JMF and the GPW13 should also be highlighted. It further advised the WHO Secretariat that the JMF should be used as a tool to promote knowledge brokering and capacity building within the Region. However, it did not reach a consensus on how implementation of the JMF might impact research and research agendas in the Region.

Different opinions were expressed on the impact of the JMF on health research in the Region. Some participants expressed confidence in the JMF as a stimulant for research, emphasizing the importance of harmonization and comparability of data and also its role in exposing intra- and intercountry differences, which should, in turn, identify future research opportunities. On the other hand, some participants were less convinced that the JMF would stimulate research and stressed that having a small set of aggregate, country-level indicators might place constraints on research priorities.

Participants also suggested that the WHO Secretariat should broaden the scope to include a wider representation of stakeholders, e.g. policy-makers, researchers and ministry staff responsible for collecting data. A new communication loop was also suggested, in which research results are fed back into monitoring frameworks in order to improve the usefulness of indicators.

In summary, the EACHR made the following recommendations.

- Support research into the impact of the JMF and other health information frameworks on policy and health outcomes.
- Support research into the interaction between researchers and policy-makers, and the two-way impact of policy agendas on health information and of research on policy agendas.
- Increase the usefulness of the JMF by advocating for more data disaggregation when collecting data, e.g. include subcountry level, gender and age to stimulate meaningful research questions.
Action points

- The WHO Regional Office for Europe will highlight the existing links between the JMF and GPW13.
- The WHO Regional Office for Europe will draft a short agenda of research questions related to the JMF to be circulated to EACHR members for comments.
- The WHO Regional Office for Europe will initiate research into the impact of the JMF.

INVESTING IN ECD

Dr Martin Weber, Programme Manager, Child and Adolescent Health, Division of NCDs and Promoting Health through the Life-Course, described the current approach to ECD and WHO’s recent work in the field. Research has found that most of the brain development that is important for future life happens in the first three years of life. This includes the development of sensory pathways, language and higher cognitive functions. Therefore, impaired development during this period of life can seriously affect future life. Moreover, the strong economic case for investing in ECD makes it a smart financial investment. In general, individuals with a poor start in life only achieve three quarters of the average adult income and countries with low investment in ECD forfeit up to twice their current gross domestic product expenditure on health and nutrition.

WHO and the WHO Regional Office for Europe are involved in a number of efforts to promote ECD including The Global Strategy Agenda for Women, Children and Adolescents 2016–2030 (30). A report on ECD's role within this strategy was presented at the 71st World Health Assembly (31). The Regional Office has also contributed to the multilateral work on a framework for ECD (20): the nurturing care framework, which brings together nutrition and development interventions addressing:

- risk factors for suboptimal child development;
- nurturing care and its components;
- policies, interventions and services that have an impact on ECD; and
- ways to build on available resources, strengthen programmes, and create an enabling environment for children.

Within the Region, Member States have adopted a new strategy, Investing in children: child and adolescent health strategy for Europe 2015–2020, which acknowledges the multisectoral support needed for this area (32). In addition, the 67th session of the WHO Regional Committee for Europe included a technical briefing on investing in ECD (33). A 2017 survey on the situation of children and adolescents in Europe found that ECD is on the agenda of every country within the Region. However, countries have different models for ECD interventions (including community-based, service-based (medical), emerging and mixed models) and ECD interventions and services are performed differently in different countries.

Dr Weber presented several ideas for discussion and research, in particular regarding the ECD intervention models, such as targeted versus general approaches; issues around good quality evidence, especially cost-effectiveness studies in the area; the potentially negative consequences of the overuse of ECD screening and interventions; and the medicalization of early childhood experiences.

EACHR discussion and recommendations

The EACHR agreed on the intersectoral nature of ECD and questioned the value of medical interventions beyond the narrow scope of neonatal health and early diagnostic screening. Participants voiced the opinion that WHO can avoid medicalizing all ECD problems (i.e. normalizing a middle-class childhood and stigmatizing diversity) by understanding that ECD is embedded in culture and is an intersectoral issue. Participants also agreed that classic evidence hierarchies, such as randomized controlled trials, are not appropriate for developing guidelines in the complex environment of ECD and that the health sector can be responsible for supporting early detection by building capacity in other sectors, such as schools and
homes. EACHR agreed that WHO should endorse a realistic research agenda that acknowledges the intersectoral complexity of ECD and recommended measuring the cost-effectiveness of interventions; identifying outcome measures for interventions; and supporting research into the impact and implementation of interventions, the effect of maternal literacy, and the role of families and communities in ECD. The EACHR prioritized the following recommendations.

- Pursue a life-course approach for ECD research and actions.
- Support and invest in research within and outside the clinical/health sector.
- Support ECD research on prevention, reducing inequities and long-term outcomes by:
  - mapping models of ECD support in the Region and describe associated developmental outcomes;
  - identifying ways of delivery of ECD interventions; and
  - identifying the value of screening assessments for promoting ECD.
- Identify new methods that will establish links between ECD surveillance data (e.g. the WHO European Childhood Obesity Surveillance Initiative (COSI)) and ECD causal research;
- Strengthen knowledge translation to influence policy and practice, especially as ECD knowledge will evolve rapidly in the next years.

**Action points**

- The WHO Regional Office for Europe will raise awareness of and document the existing evidence on ECD.
- The WHO Regional Office for Europe will establish cross-divisional actions to promote ECD research, including the generation of new forms of evidence.
- The WHO Regional Office for Europe and Member States will implement the Minsk Declaration, a Life-course Approach in the Context of Health 2020 (34).

**UPDATE ON THE CCH**

Dr Nils Fietje, Research Officer, DIR, and Professor Mark Jackson, Director, Centre for Cultures and Environments of Health, presented a brief update on the Regional Office’s and WHO Collaborating Centre’s work on the Evidence for Health and Well-being in Context Initiative.

The Initiative comprised two separate but interrelated projects:

- a two-year effort to create a better evidence base for monitoring and reporting on key Health 2020 concepts such as subjective well-being, community resilience and empowerment; and
- the CCH project, which aims to enhance public health policy-making through a more nuanced understanding of how cultural factors affect perceptions of health and delivery of health care.

Expert groups have been established for both initiatives. The expert group on enhancing Health 2020 monitoring and evaluation has met twice at the Regional Office in Copenhagen, while the expert group on CCH has met four times, most recently in London in April 2018.

Regarding the first initiative, several products have been commissioned since the last EACHR meeting including:

- three HEN reports on how to measure community resilience, empowerment and life-course that will be published between July and September;
- the pilot chapter on well-being for the country-level Profile on Health and Well-being in Italy to be published in September; and
- the upcoming European Health Report 2018, which will include an overview of how values-based concepts such as well-being, resilience and empowerment can be effectively monitored and reported.
The CCH project has received additional funding from WHO corporate funds.

- Voluntary funding received from the Robert Wood Johnson Foundation that has allowed the project to increase its portfolio of activities.
- Financial and in-kind contributions were obtained from the two WHO Collaborating Centres that are supporting the CCH work of the WHO Regional Office for Europe: a Centre on Culture and Health at the University of Exeter and a Centre on Global Health Histories at the University of York. The former obtained substantial funding from the Wellcome Trust and additional funding from the university, permitting the expansion of its CCH research activities and its institutionalization within the centre.

Upcoming project deliverables include a seminar series and conferences, cases studies, and examples of how to implement CCH work in practice. One new route for CCH expansion is identifying and using social media, cinema and other cultural resources as forms of evidence that can help develop a deeper understanding of what well-being means within different cultures. Furthermore, the most recent CCH expert group meeting recommended that the WHO Regional Office for Europe: (i) anchors CCH work in the 2030 Agenda for Sustainable Development and the SDGs; (ii) considers integrating CCH further into the work of WHO by establishing a Member State-led CCH network; and (iii) works with EVIPNet to operationalize the CCH approach at country level.

Dr Jackson also presented a draft policy brief on antibacterial resistance which was developed using a CCH approach. To date, most of the science on antibacterial resistance is very biomedically focused since many stakeholders (in areas such as medicine and agriculture) prioritize scientific and technical solutions. This brief illustrated the value of CCH by emphasizing qualitative research that looks at the cultural challenges surrounding antibiotic usage.

Towards the end of his presentation, Dr Jackson requested the EACHR to consider the following three key questions.

- Should we focus on surveillance of antibiotic use?
- Should we identify case studies from agriculture and hospitals to better understand these regulated cultures and their contribution to antibacterial resistance?
- Can we develop quality guidelines for policy-makers based on those case studies?

**EACHR discussion and recommendations**

Participants showed great interest in the pilot chapter on well-being that will form part of a Profile on Health and Well-being in Italy and some members agreed to be consulted as peer reviewers. The EACHR also raised issues that needed further clarification. For instance, there was a discussion about the problem of using cultural beliefs or practices as justification for harmful health behaviours. In such cases, it was imperative to use a human rights-based approach to ensure that those human rights enshrined in international law could not be compromised. In general, however, it was agreed that a focus on culture can create an important space where topics which have traditionally challenged health policy-makers (such as spirituality and religion) can be more openly discussed.

The EACHR also highlighted the importance of developing a culture-centred approach to health promotion. Finally, the rising area of arts and health, including the importance of architecture and design and their relationship with CCH, was also discussed. The evidence base shows that there are quantifiable health benefits to cultural participation and the EACHR supported further research in this area. In summary, the EACHR made the following recommendations.

- Do not exclusively rely on case studies for the antibacterial resistance policy brief as they tend to be descriptive and the policy brief evidence needs to go beyond descriptions.
• Create a network of researchers, NGOs, policy-makers from MS to collaborate with the CCH team and take the work of CCH forward at the country level.
• Promote research on the effects of cultural participation on health and well-being.

Action points

- EACHR members will be invited to volunteer as reviewers for the pilot chapter on well-being for Italy.
- The WHO Regional Office for Europe will continue to engage with the World Congress on Design and Health.
- The WHO Regional Office for Europe will commission a HEN report on Arts and Health.

UPDATE ON BIG DATA: TOWARDS A BIG DATA STRATEGY FOR PUBLIC HEALTH

Ms Tina Dannemann Purnat, Unit Leader, Health Informatics and Information Systems and a.i. Unit Leader and Programme Manager, Health Information, Monitoring and Analysis, DIR, updated the EACHR on the discussions and outcomes of the recent WHO EHII Steering Group meeting that took place in March 2018 (16). She provided an overview of the status, benefits and challenges of, along with the increasing demands on, health information systems and outlined the proposed next steps to develop a strategy on big data with the aim of improving evidence-informed policy-making in the WHO European Region. Health information systems are essential for policy-makers to gain a reliable picture of the health situation in their country and to understand the determinants that influence the health and well-being of the population. That said, health information systems are challenged in responding to the needs of multisectoral and increasingly complex policy action for health. They must be agile enough to respond to changing policy needs while enabling consistent assessments of longer-term outcomes to analyse trends in population health and the impact of policies. Therefore, big data provides opportunities for health information systems, but specific applications still need to be defined and integrated into the systems.

The Cape Town global action plan for sustainable development data has a strong focus on statistical indicators, for which big data measures can prove very useful (35). Furthermore, the Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region (36) requires the Region to develop its agenda on big data in public health. At the 67th session of the Regional Committee for Europe, there was a technical briefing on big data in public health (13), in which the WHO Secretariat of the WHO Regional Office for Europe presented the state of usage of big data to Member States for the purpose of soliciting input and guidance in determining the next steps to assess its usefulness in public health. Member States encouraged the WHO Secretariat to take forward the development of big data under the WHO EHII, in particular by defining big data for public health, identifying the relevant users and target groups, and defining methods for applying big data in developing evidence-informed health policy, ultimately resulting in a big data strategy for public health in the Region. Ms Purnat asked for EACHR’s views on the following questions.

- What are the main implications of big data for research in Europe?
- What are the key technical areas to be covered by a strategy for big data in public health?
- What would be your recommendation for the Health Evidence Network’s synthesis report question?

EACHR discussion and recommendations

The discussion was wide-ranging. It was agreed that the application of big data to evidence-informed policy-making is an evolving process, with many unanswered questions and unresolved issues. The private sector currently has more access to information and more information at hand than the public/government sector. It was suggested that WHO could show leadership and create alliances in support of global public health with a governance model centred on the people.
Participants agreed that Member States must assume the responsibility to promote and shape health information collection. Technical issues as varied as data linkage and patient security continue to be of concern. Citizens who are willing to share information (e.g. the data donorship approach) must be assured their information is confidential.

Participants shared a number of examples of approaches to big data within the public health sector. The Cochrane approach to big data (first presented at their Colloquium in 2015) was highlighted as a resource that could be taken forward (37). For example, countries such as Denmark, which have been compiling data for 15 years, could be potential sources for case studies on big data. Using big data for developing better health outcomes was stated as one of the ongoing projects of the European Commission which was launched with the concept of using real-world data and is now considering how to explore the potential of artificial intelligence for improving public health. Participants also agreed that the perception of what big data consist of is evolving and that approaches to understanding and developing big data in public health must be creative and innovative. Opportunities are available to approach corporations that produce wearable technology, eHealth and smart phone apps for assistance in monitoring and changing behaviours in public health matters such as alcohol and tobacco consumption.

In summary, the EACHR made the following recommendation.

- Create a ministerial task force to address big data issues; set the public agenda and discussion on privacy, ethical and legal concerns; and go beyond the circular definition of big data to embrace the use of innovative data sources, research techniques and knowledge construction.

**Action point**

- The WHO Regional Office for Europe will create an intersectoral ministerial task force to set the public agenda for the use of big data in health research and policy-making.

**INFORMATION SESSION: PRIMARY HEALTH CARE**

Dr Hans Kluge, Director, Division of Health Systems and Public Health, informed the EACHR of upcoming meetings in 2018. The Global Conference on Primary Health Care (11) was the primary focus of the presentation. In addition, the High-level meeting on Health Systems for Prosperity and Solidarity: leaving no one behind, to be held on 13 and 14 June 2018 in Tallinn, Estonia (38), was briefly described. The latter is being held in conjunction with the 10th anniversary of the signing of the Tallinn Charter (39). It will reaffirm the values embedded within the Charter, build on new opportunities (such as the SDGs) and provide a platform to reflect on the progress made in strengthening health systems.

The programme is designed along three themes:

- include – improving health coverage, access and financial protection for everyone;
- invest – making the case for investing in health systems; and
- innovate – harnessing innovations and systems to meet people’s needs.

Participants were informed that the meeting will be hosted by the President of Kazakhstan, WHO and UNICEF to commemorate the progress made in primary health care since the Alma-Ata Declaration (12). The meeting is intended to renew Member States’ commitment to high-quality, integrated, people-centred primary health care reform for the achievement of universal health care and SDGs by 2030. The Alma-Ata Declaration was a visionary document that remains valid today. The original values and principles of the Declaration will be renewed, with the focus shifting towards implementing primary health care. The new declaration, along with its implementation agenda, will be taken forward as a resolution to the 72nd World Health Assembly in 2019.

An intersectoral audience is expected to attend the Global Conference on Primary Health Care, including ministers of health of Member States, selected ministers from other sectors of government (finance,
education, environment), and heads of state. The six WHO regional directors have been asked to propose at least two heads of state from each region to be invited to the meeting. Non-state actors, such as foundations and youth forums, are also foreseen to participate in the event.

Three key outcomes are expected.

1. Political output – a new declaration, looking back at the last 40 years and ahead to the next 40 years.
2. Strategic output – a renewed document on the global vision of people-centred health care based on primary health care.
3. An implementation plan or agenda based on good practices reported by the countries.

Dr Jakab provided additional perspectives on the Alma-Ata Declaration, reaffirming how visionary the Declaration was and reminding the EACHR that the adoption of the Declaration put the concept of equity on the international public health agenda for the first time. The EACHR was once again invited to participate in the public consultation and review the evidence base for the Declaration and the associated vision document.

EACHR discussion and recommendations

The EACHR particularly focused on the necessity of assessing the economic merit of treatment interventions. The assessment methods were considered to be very complex, especially for the economics of preventive medicine. Long-term cohorts are needed but in their absence, health economists may use less reliable mathematical modelling. Because of the difficulty of making a clear financial case for primary health care, governments tend to be more willing to invest in the hospital sector. Increasingly, evidence – albeit still fragmentary – is being made available that shows that investment in primary health care is essential to complement the tertiary sector at country level. The Regional Office has initiated work to further strengthen the evidence base for this investment.

In general, primary health care and implementation are neglected areas of research. Implementation research needs to become an integral part of the national primary health care implementation agenda. Good practices can empower so-called champions and provide examples for others; however, to enhance the evidence base, a specific reporting template needs to be developed for countries to systematically report their good practices. This form of implementation research could connect the empowering of champions and good practices with methodological underpinning for reporting experiences of implementation. The proposal to develop a good practices reporting template is of value because extensive evaluation of primary health care within Member States is planned after the conference and the template can be used in the evaluation process. The EACHR would be very useful in guiding this work forward.

Participants advised that the Global Conference on Primary Health Care should be forward looking and should not focus on the balance of resources between tertiary care and primary care. They stressed the importance of including health information systems into the conference agenda. Health information systems are essential to strengthen information flows and interfaces among primary care, long-term care, hospital care and public health.

In considering future needs, the EACHR suggested including the effect of the health of the planet on primary health care in the new Alma-Ata Declaration, in line with the concept of “health for all and the health for the planet”. One of the challenges is incorporating environmental health and climate into health systems at all levels, including primary health care.

The EACHR made the following recommendations.

- Strengthen the reporting of implementation experiences from a methodological perspective by developing a good practices reporting template.
Report of the ninth meeting of the European Advisory Committee on Health Research
Copenhagen, Denmark 3-4 May 2018

- Build the evidence base to support the Alma-Ata Declaration of 1978 and the 2018 update.
- Consider expanding the concept of “health for all” to “health for all and health for the planet” in the new declaration.
- Include health information systems in the conference programme.

Action points

- EACHR members will review the evidence base of the draft 2018 declaration, which is now available for public consultation.
- The WHO Regional Office for Europe will develop a reporting template for good practices in primary health care at the country level and provide the methodology for reporting within the template.
- The WHO Regional Office for Europe will link implementation research and primary health care.
- The WHO Regional Office for Europe will include health information systems in the primary health care conference programme.

EUROPEAN FOOD AND NUTRITION ACTION PLAN 2015–2020

Dr Joao Joaquim Rodrigues da Silva Breda, Head of the WHO European Office for Prevention and Control of Noncommunicable Diseases and Programme Manager, Nutrition, Physical Activity and Obesity, Division of Noncommunicable Diseases and Promoting Health through the Life-Course, reported on the WHO European Food and Nutrition Action Plan 2015–2020 (18), which will run until 2020. Dr Breda highlighted the main five areas of the Action plan with examples of work conducted along with the challenges faced. He reported that Member States and the WHO Regional Office for Europe are well on track with implementing the Action plan, which requires interacting with multiple – sometimes opposing – sectors. He stressed that beyond implementation an emphasis needs to be placed on evaluating the Action plan’s activities and interventions.

The WHO Regional Committee for Europe unanimously adopted the Action plan in September 2014. It is aligned with Health 2020 and the SDGs; its purpose is to significantly reduce the burden of preventable diet-related NCDs, obesity and all other forms of malnutrition still prevalent in the WHO European Region.

Regional Office’ work on nutrition and physical activity is divided between the WHO Secretariat’s Office in Copenhagen and the European Office for the Prevention and Control of Noncommunicable Diseases in Moscow (NCD Office; which is supported by the Russian Federation). The NCD Office leads WHO’s work on strengthening national capacity in all 53 Member States of the Region.

Of the six WHO regions, the European Region is the one most severely affected by NCDs. Excess body weight (i.e. body mass index of >25kg/m²), excessive consumption of total energy, saturated fats, trans fats, sugar and salt together with low consumption of vegetables, fruits and whole grains are the leading risk factors. In 46 of the 53 Member States of the Region, more than 50% of the population is pre-obese or obese. Overweight and obesity are also highly prevalent among children and adolescents in European countries; on average, one in every three children aged 6–9 years is overweight or obese in the countries participating in COSI (17). On the whole, Member States are not on track to achieve United Nations and WHO targets on adult obesity, salt reduction, breastfeeding, physical activity or childhood obesity. The progress made on the key areas of the Action plan, were highlighted as follows.

Create healthy food and drink environments through policies. WHO guidelines include evidence on both the harm of sugar-sweetened beverages and the effectiveness of their taxation. In studies supported by WHO in Hungary and Portugal, taxes on sugar-sweetened beverages reduced their consumption, particularly among those who consumed large quantities (39). The WHO Secretariat worked with France on a study into the use of WHO’s Nutri-Score front-of-pack nutrition labelling system, and showed that impact of this labelling was larger for consumers with a lower level of education. This means that the intervention also supports the reduction of health inequalities. Only eight countries in the Region use a nutrient profile. Digital marketing, especially to children, is difficult to monitor and regulate. Work is
ongoing to develop policies to overcome this and a related meeting is planned in Moscow later in the year. The programme also promotes a global ban on trans fats.

**Promote the benefits of a healthy diet throughout the life-course.** The life-course approach shows the effect of early nutrition. The Regional Office is therefore trying to understand the science of nutrition and translate the evidence in a more user-friendly way to make it more understandable to Member States. To this effect, it launched a report revealing that the Region needs to focus its efforts on nutrition in pregnancy, breastfeeding and the content of packaged baby food. The Region has the lowest breastfeeding rates globally.

**Reinforce health systems to promote healthy diets.** Within health systems, dietary prescriptions and brief interventions are considered best practices to promote healthy diets. The programme has worked with the Division of Health Systems and Public Health to develop an assessment guide for health systems to gauge their challenges and opportunities in supporting better NCD outcomes and mechanisms to integrate diet, physical activity and weight management services within primary health care.

**Support surveillance, monitoring, evaluation and research.** COSI is the largest study of its type in the world. In May 2018, the WHO Secretariat launched the 2015–2017 COSI Report (40). The report showed that the prevalence of overweight including obesity in boys is above 20% in most Member States. Although rates have decreased in some countries (e.g. Spain, Greece), they are increasing in the eastern part of the Region. Dietary intake is worsening in Europe rather than improving. Individual dietary data is necessary to understand diet in Europe and develop effective policies: however, this is difficult to obtain, with good data for only one in three European countries. An innovative project called Feed Cities has been piloted in some central Asian countries, in which project members determined the amount of salt and trans fats in common food items in local markets.

**Strengthen governance, alliances and networks to ensure a health-in-all policies approach.** At present, agriculture policies, trade policies and health policies are decoupled. For example, if the price of sugar goes down in the European Region, there is a tendency to incorporate more sugar into food products sold in the European Union. In order to effectively implement food policy, the whole of government needs to be involved. A special issue of Public Health Panorama highlights some of the work being done in this area. WHO endorses legislation as a tool to eliminate trans fats. Salt reduction is being achieved in the Region; however, the current trends show that WHO targets will not be reached. To help in developing policies for reducing dietary salt, the WHO Secretariat has developed a tool to help Member States identify country-specific approaches to salt reduction. The tool is currently modelled for Turkey and Kazakhstan (41) and may be scaled up to the global level. Research has demonstrated the health-promoting properties of two traditional and culturally significant diets the Mediterranean and Nordic diets (42). In a new HEN synthesis report, the WHO Secretariat considers the benefits of these diets and identifies 15 countries in the European Region that are promoting them.

**EACHR discussion and recommendations**

It was agreed that implementation of taxation policy may not be straightforward. The example was raised of Denmark’s experience in introducing a law on sugar and fat taxation and them quickly repealing it. Participants agreed on the need for more longitudinal research, economic research and natural experiment studies, on the effectiveness as well as implementation of taxation policy.

Participants were concerned that food manufacturers could replace banned or discouraged food ingredients with others that have similar or even worse health effects than sugars and trans fats. Further research is therefore needed, as described above. Participants also advised broadening stakeholder involvement in WHO’s work on food and nutrition and also discussed the extent to which the food and beverage industries might collaborate with WHO and take voluntary action to make their products healthier. Moreover, the EACHR identified underutilized resources and potentially powerful allies such as
that the European Public Health Association, especially its sections on chronic diseases, health promotion and food and nutrition that might offer strong support for and collaborate with WHO in the area of nutrition and diet.

In addition, participants identified the need for longitudinal, CCH-focused and knowledge translation research on food and nutrition, especially to identify appropriate knowledge translation mechanisms for effectively targeting different stakeholders. Participants also stressed the importance of implementation research (e.g. on the effectiveness of communication tools, such as labelling and infographics), considering cultural aspects, changes to health systems and research on effective policy support. The latter should aim to identify recommendations for ensuring that the adoption of government policies does not have unintended consequences.

**Action points**

- The WHO Regional Office for Europe will link the work of the food and nutrition team to WHO’s work on the CCH, knowledge translation and health literacy.
- The WHO Regional Office for Europe will capitalize on the European Public Health Association to disseminate this work.

**INFORMATION SESSION: IMPLEMENTATION RESEARCH AND THE EUROPEAN HEALTH RESEARCH NETWORK**

**Implementation research**

Dr Iveta Nagyova, Pavol Jozef Safarik University, Slovakia, Co-Chair of the subgroup led the information session on the newly formed EACHR subgroup on implementation research. The subgroup was established at the request of the EACHR at the eighth meeting in 2017.

The following members were nominated by the Regional Director to serve on the subgroup:

- Professor Catherine Law (Chair) University College London, United Kingdom
- Dr Iveta Nagyova (Co-Chair) Pavol Jozef Safarik University, Slovakia
- Professor Mark Leys, Vrije Universiteit Brussel, Belgium
- Professor Göran Tomson, Karolinska Institutet, Sweden
- Professor José Pereira-Miguel Formerly University of Lisbon, Portugal
- Professor Helmut Brand, Maastricht University, Netherlands
- Dr Moriah Ellen, Ben-Gurion University of the Negev, Israel.

The mission of the implementation subgroup is “to provide the WHO Regional Director and her Office strategic guidance on implementation research in order to improve the quality and accessibility of implementation research; create support and harmonize methodologies; and promote good practices for the use of implementation research for public health practice and policy in the WHO European Region” (43). The subgroup operates according to the terms of reference adopted during the subgroup’s first teleconference. The following proposed actions for the group were presented to and welcomed by the EACHR:

- undertake a needs assessment for implementation research capacity building and resource development in the WHO European Region;
- prepare a short document for advocacy and awareness-raising, highlighting the benefits of implementation research and linking it to knowledge translation; and
- undertake further technical work to produce:
  - an in-depth document on methodology;
  - a series of peer-reviewed articles as a special issue for Public Health Panorama;
  - compilation of examples of good practice; and
o an inventory of case studies and tools.

**European Health Research Network**

Ms Ryoko Takahashi, Technical Officer, Knowledge Management, Evidence and Research for Policy-Making, updated the EACHR about the first multicountry meeting on national health research systems (NHRS) strengthening, held on 15–17 November 2017 in Sofia, Bulgaria. This meeting, co-organized by the DIR and TDR, represents a milestone in implementing the Action plan to strengthen the use of evidence, information and research for policy-making and was a capacity building activity of the WHO EHII. Participants from Armenia, Bulgaria, Estonia, Georgia and Kyrgyzstan met to explore country-driven and systems approaches to advancing national health research and evidence-informed policy-making. The purpose of the meeting was to raise awareness and explore the sustainable country-driven approach to strengthening national research.

Professor Catherine Law, University College London, participated as EACHR member and chaired this meeting. She offered her reflections and remarks in recording (the transcript is included in Annex 1).

NHRS include all of the processes, activities and mechanisms required to support the production and use of research. The meeting emphasized a systems approach to health research in which research agendas are aligned with public health priorities; multisectoral, interdisciplinary health research practice is facilitated; and knowledge translation is fostered and strengthened.

The specific agenda for the meeting (Annex 2) included:

- the rationale for the systems approach in health research;
- a panoramic overview of NHRS activities in WHO Regional Office for Europe;
- opportunities and challenges in countries;
- a situation analysis – NHRS mapping and profiling;
- developing a national strategy for health research;
- a review of policies, interventions and mechanisms to build and strengthen NHRS; and
- planning and drafting action plans towards national health research strategies.

The major outcomes from this meeting were (i) action plans from each participating country to advance national health research in their own country; (ii) the Sofia Declaration, reaffirming the commitment to the Action plan (44); and (iii) establishment of the European Health Research Network under the auspices of WHO EHII to provide a platform for countries to share their work and practices.

To support Member States in NHRS strengthening, the WHO Secretariat works to implement the following areas:

- publication of the HEN synthesis report on policies, interventions and tools for NHRS strengthening;
- finalization of a tool to provide technical support for the development of a national strategy for health research;
- launch of the European Health Research Network with terms of reference and nomination of the Chair and Co-Chair; and
- technical support for Member States in assessing NHRS and drafting a national strategy for health research.

A list of participants is in Annex 3. A full report of the meeting results has been published (45).

**EACHR discussion and recommendations**

Participants emphasized the importance of implementation research and the need to increase efforts and investments in this field as has been recommended throughout the meeting. While – as already
deliberated at the seventh EACHR meeting – the definition and boundaries of implementation research are unclear, participants highlighted the need to distinguish between implementation research and the national health systems research, the latter covering a broader area and encompassing implementation research. Similarly, when countries are asked to report on their health systems research, they often only report on their clinical laboratory programmes. The EACHR therefore suggested that it would be beneficial to disentangle the national health systems research agenda from the health services research agenda that includes implementation research. Furthermore, the clear interactions that exist between implementation research and knowledge translation were emphasized by EACHR, which pointed out that initiatives such as EVIPNet Europe could act as catalysts to strengthen the interfaces between implementation research and knowledge translation at country level.

While national health research agendas should be aligned with public health research priorities to allow for future application into practice and policy, they should not be prescriptive: researchers should still have the freedom to conduct research independently.

TDR confirmed the need to strengthen health research capacity, in particular in former Soviet countries, and recognized the multicountry meeting on health research in November 2017 organized by DIR/KER and TDR as the key opportunity to engage Member States in both national health research and knowledge translation.

The discussion of the EACHR also included an exploration of funding, capacity building and publishing options for implementation research, with the following recommendations.

- Horizon 2020 (46), the European Commission’s research and innovation programme, is a potential source for implementation research funding.
- The Global Symposium on Health System Research is an important forum to present on new implementation research findings (47). TDR will be organizing a skill-building session on implementation at the 2018 meeting.
- TDR has developed a diverse portfolio of training materials on implementation research. This could be used in the WHO European Region if adapted to the European context (48).
- Increase awareness throughout the WHO European Region for the need and importance of implementation research.
- Link implementation research and knowledge translation.
- Utilize the full range of organizations, tools and materials (e.g. of TDR) and grants (e.g. related to Horizon 2020) that exist to promote implementation research.

Action points

- The WHO Regional Office for Europe will develop opportunities to publish and promote implementation research.
- The EACHR subgroup on implementation research will develop advocacy and technical documents with a strong focus on the interface between implementation research and knowledge translation.
- The EACHR subgroup on implementation research will consider contributing to and providing guidance on implementation research-related activities linked to topics debated at the ninth EACHR meeting (to be discussed at the next subgroup teleconference).
- The EACHR subgroup on implementation research will map existing tools, materials and funding opportunities.

REVIEW AND REFLECTIONS BY THE REGIONAL DIRECTOR

Dr Jakab, the WHO Regional Director for Europe, thanked the EACHR and other participants for a productive and inspirational meeting, highlighting the important role that the EACHR is playing, in
particular, in WHO’s new strategic priorities and developments in implementing the Health 2020 and the 2030 Agenda for Sustainable Development.

Although health is increasingly prominent in the global political agenda, it is critical for WHO to retain its technical capacity and credibility through developing an even stronger evidence base for its actions and recommendations. The EACHR has an important role in supporting and advising WHO in both strengthening the evidence base of its work and in fostering its global leadership function and policy work.

Since Health 2020 was initiated, the WHO European Region has grown and moved beyond simply monitoring health to an increasing focus on health and well-being. This growth will be manifested in the upcoming publication of European Health Report 2018, which includes new topics such as community resilience and personal empowerment, the role of culture in health, and the whole-of-society and life-course approaches to health. Later this year, the WHO Europe Health Equity Status report initiative will be launched as a Regional tool to promote and support policy action and commitment for health equity and well-being in the WHO European Region. Specifically, the initiative aims to shift political and policy focus from describing the problem to capturing progress and enabling action to increase equity in health. The EACHR has a role in guiding this framework.

The topic of digital health was addressed at the 71st World Health Assembly in May 2018; as a consequence of this meeting, a high-level ministerial task force on big data will be formed. EACHR could have a role in advising this task force, particularly in developing an approach to governance issues. The work of this EACHR will remain critical in guiding the technical work of the WHO Regional Committee for Europe.

CLOSURE AND CONCLUSIONS

The Chair requested that EACHR members have the opportunity to review and revise the meeting report for accuracy and the ability to add retrospective insights to the report. The WHO Secretariat agreed to send a summary of the action points to the EACHR shortly after the meeting’s conclusion and to send the full report to the EACHR for recommendations in sufficient time to allow several rounds of revisions. The Chair thanked the WHO Regional Director for her guidance to the EACHR, the EACHR for their valuable contributions and the WHO Secretariat for professional and technical assistance and closed the meeting.

SUMMARY OF ACTION POINTS

<table>
<thead>
<tr>
<th>Global and regional priorities</th>
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<tbody>
<tr>
<td>➢ The WHO Secretariat and EACHR will prioritize EACHR work within the context of GPW13, paying particular attention to research on the impact of policy at the country, regional and global levels.</td>
</tr>
<tr>
<td>➢ The EACHR will review the draft Primary Healthcare 2018 declaration, which is available for public consultation.</td>
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<table>
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<tr>
<th>Previously agreed EACHR actions</th>
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<tr>
<td>➢ EACHR members were invited to volunteer as reviewers for the European Health Report 2018.</td>
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<tbody>
<tr>
<td>➢ The WHO Regional Office for Europe will highlight the existing links between the JMF and GPW13.</td>
</tr>
<tr>
<td>➢ The WHO Regional Office for Europe will draft a short agenda of research questions related to the JMF to be circulated to EACHR members for comments.</td>
</tr>
<tr>
<td>➢ The Regional Office will initiate research into the impact of the JMF.</td>
</tr>
</tbody>
</table>
**Investing in ECD**
- The WHO Regional Office for Europe will raise awareness of and document the existing evidence on ECD.
- The WHO Regional Office for Europe will establish cross-divisional actions to promote ECD research, including the generation of new forms of evidence.
- The WHO Regional Office for Europe and Member States will implement the Minsk Declaration, a Life-course Approach in the Context of Health 2020 (35).

**Evidence for Health and Well-being in Context**
- EACHR members will be invited to volunteer as reviewers for the pilot chapter on well-being for Italy.
- The WHO Regional Office for Europe will continue to engage with the World Congress on Design and Health.
- The WHO Regional Office for Europe will commission a HEN report on Arts and Health.

**Big data: towards a big data strategy for public health**
- The WHO Regional Office for Europe will create an intersectoral ministerial task force to set the public agenda for the use of big data in health research and policy-making.

**Primary health care**
- EACHR members will review the evidence base of the draft 2018 declaration, which is now available for public consultation.
- The WHO Regional Office for Europe will develop a reporting template for good practices in primary health care at the country level and provide the methodology for reporting within the template.
- The WHO Regional Office for Europe will link implementation research and primary health care.
- The WHO Regional Office for Europe will include health information systems in the primary health care conference programme.

**European Food and Nutrition Action Plan**
- The WHO Regional Office for Europe will link the work of the food and nutrition team to WHO’s work on the CCH, knowledge translation and health literacy.
- The WHO Regional Office for Europe will capitalize on the European Public Health Association to disseminate this work.

**Implementation research and the European Health Research Network**
- The WHO Regional Office for Europe will develop opportunities to publish and promote implementation research.
- The EACHR subgroup on implementation research will develop advocacy and technical documents with a strong focus on the interface between implementation research and knowledge translation.
- The EACHR subgroup on implementation research will consider contributing to and providing guidance on implementation research-related activities linked to topics debated at the ninth EACHR meeting (to be discussed at the next subgroup teleconference).
- The EACHR subgroup on implementation research will map existing tools, materials and funding opportunities.
REFERENCES


44. Terms of reference: implementation research subgroup of the EACHR. Copenhagen: WHO Regional Office for Europe; 2018.


46. Strengthening national health research systems: implementation of the action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region.


ANNEX 1. MESSAGE TO THE COMMITTEE

Message to the Committee for the ninth EACHR meeting on the first multicountry meeting on research for health

From Catherine Law, interim chair of the European Health Research Network and chair of the EACHR subgroup on implementation research

Hello, this is Catherine Law. First, many apologies that I am unable to join the meeting this year; I have a long-standing commitment to work in Malawi this week.

Some of you will remember that at the second meeting of the EACHR a few years ago we had a presentation on national health research systems in the Region. Only a minority of member countries had a health research system and strategy, and many countries had few research outputs. At that EACHR meeting, we also noted a particular need to strengthen health research systems in the eastern part of the Region.

Last year, representatives of five countries (Armenia, Bulgaria, Estonia, Georgia and Kyrgyzstan) met in the beautiful city of Sofia to discuss such strengthening could be done in their own countries. I know that you have seen the very nice report which describes the meeting in more detail, so I just wanted to add some personal reflections from the meeting which I had the honour of chairing.

First, although the countries at the Sofia meeting reported different states of development of their health research systems, they also have much in common: for example, countries reported challenges in coordinating across multiple agencies and actors, the capacity of the workforce and ensuring that research evidence was used for developing public policy. And I believe that these challenges are also found in many countries – even those with more mature national health research systems. For example, the United Kingdom’s national research system is over a 100 years old, but it still faces many of these same challenges.

Second, some seemingly simple strategic actions could inform powerful change, but they may also be difficult in practice: for example, data collection may be split between agencies or implementation plans may be harder to secure than policy commitment.

Third, and perhaps most importantly, there is huge potential for learning across countries, and there was great willingness amongst those attending the meeting to contribute to this with insightful, frank and thoughtful debate. It was a real privilege to be at the Sofia meeting, and I am looking forward to being part of this work going forward. Again, I am very sorry to miss the EACHR meeting, and I wish you a productive meeting.
### ANNEX 2. PROGRAMME AND AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>08:30</td>
<td><strong>REGISTRATION AND COFFEE</strong></td>
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<tr>
<td>09:00</td>
<td><strong>OPENING, WELCOME AND INTRODUCTION (CHAIR)</strong></td>
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<tr>
<td>09:15</td>
<td><strong>INTRODUCTORY REMARKS, INCLUDING UPDATE ON GOVERNING BODIES DECISIONS AND MAJOR EVENTS SINCE MAY 2017 (ZSUZSANNA JAKAB, REGIONAL DIRECTOR, WHO EUROPEAN REGION)</strong></td>
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<tr>
<td>10:00</td>
<td><strong>DISCUSSION</strong></td>
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<tr>
<td>10:30</td>
<td><strong>HOUSEKEEPING, FORMALITIES AND OUTLINE OF MEETING AGENDA (TANJA KUCHENMÜLLER)</strong></td>
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<tr>
<td>10:45</td>
<td><strong>HEALTH BREAK AND PHOTO SESSION</strong></td>
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<tr>
<td>11:15</td>
<td><strong>SESSION 1: REVIEW OF THE IMPLEMENTATION OF ACTIONS FROM PREVIOUS MEETINGS OF THE EACHR IN THE CONTEXT OF OTHER RELEVANT REGIONAL ACTIVITIES (CLAUDIA STEIN)</strong></td>
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<td></td>
<td>Presentation by Secretariat</td>
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<td>Discussion</td>
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<td>• What is the current status of activities?</td>
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<td>12:00</td>
<td><strong>SESSION 2: UPDATE ON THE JOINT MONITORING FRAMEWORK AND A CORE SET OF INDICATORS FOR SDGs, HEALTH 2020 AND NCDs MONITORING FRAMEWORK (TINA DANNEMANN PURNAT)</strong></td>
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<tr>
<td></td>
<td>Presentation on key issues, concepts and research implications</td>
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<td></td>
<td>Discussion</td>
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<td>• What are the key research issues for Europe</td>
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<td>• Identification of gaps</td>
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<td>• Recommendations by the EACHR</td>
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<tr>
<td>13:00</td>
<td><strong>LUNCH (hosted by the Regional Director, RD’s dining room)</strong></td>
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</table>
14:15  **SESSION 3: UPDATE FROM CULTURAL CONTEXT OF HEALTH AND WELL-BEING**  
*M (*MARK JACKSON, NILS FIETJE*)

Presentation on key issues, concepts and research implications

Discussion
- What are the key research issues for Europe
- Identification of gaps
- Recommendations by the EACHR

15:15  **SESSION 4: INVESTING IN EARLY CHILDHOOD DEVELOPMENT**  
*M (*MARTIN WEBER*)

Presentation on key issues, concepts and research implications

Discussion
- What are the key research issues for Europe
- Identification of gaps
- Recommendations by the EACHR

16:15  **CLOSE OF DAY**

18:30  **DINNER**  
*h* (hosted by Division of Information, Evidence, Research and Innovation)
- Restaurant “No.2”
  Nicolai Eigtveds Gade 32
  1402 Copenhagen K

**Day 2 (Friday, 4 May)**

09:00  **SUMMARY OF DAY 1 (RAPPORTEUR)**

09:10  **SESSION 5: UPDATE ON BIG DATA AND THEIR POTENTIAL USE FOR RESEARCH AND MONITORING**  
*T (*TINA DANNEMANN PURNAT*)

Presentation on key issues, concepts and research implications

Discussion
- What are the key research issues for Europe
- Identification of gaps
- Recommendations by the EACHR

10:10  **SESSION 6: INFORMATION SESSION: PRIMARY HEALTH CARE**  
*(HANS KLUGE)*

Discussion
Recommendations by the EACHR

10:55  **HEALTH BREAK**

11:25  **SESSION 7: EUROPEAN FOOD AND NUTRITION ACTION PLAN**  
*(JOAO BREDA)*

Presentation on key issues, concepts and research implications

Discussion
- What are the key research issues for Europe;
- Identification of gaps;
- Recommendations by the EACHR

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Event</th>
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<tbody>
<tr>
<td>12:25</td>
<td>LUNCH (hosted by the Regional Director, Foyer)</td>
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<td></td>
<td>Discussion</td>
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<td></td>
<td>• Recommendations by the EACHR</td>
</tr>
<tr>
<td>14:40</td>
<td>SESSION 9: REVIEW OF AGREEMENTS REACHED AND ACTION PLAN (RAPPORTEUR)</td>
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<tr>
<td></td>
<td>• What are the concrete next steps and how does this relate to the action plan?</td>
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<td>• In light of the discussions are revisions required?</td>
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<td>• Have actors been identified for all recommended actions?</td>
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<td>• What are the implications for the next face-to-face meeting?</td>
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<td></td>
<td>• Agenda items for next meeting</td>
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<tr>
<td>15:10</td>
<td>SESSION 10: REVIEW AND REFLECTIONS BY REGIONAL DIRECTOR</td>
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<td></td>
<td>• Strategic implications of discussions</td>
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<td></td>
<td>• Next steps</td>
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<tr>
<td>15:40</td>
<td>ANY OTHER BUSINESS</td>
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<tr>
<td>15:50</td>
<td>CLOSING REMARKS (CHAIR AND WHO SECRETARIAT)</td>
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<tr>
<td>15:55</td>
<td>CLOSE OF MEETING</td>
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</tbody>
</table>
ANNEX 3. LIST OF PARTICIPANTS

Ninth meeting of the European Advisory Committee on Health Research (EACHR)

Copenhagen, Denmark
0.9.34
3–4 May 2018

English only

Provisional List of Participants

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Copenhagen, Denmark 3-4 May 2018

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Copenhagen, Denmark 3-4 May 2018

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Robert Koch Institute
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Kazan Federal University
Russian Federation,

OBSERVER

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Head of Public Health Sector
European Commission, DG RTD
Belgium

RAPPORTEUR

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Oregon, USA

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

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Regional Director

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Division of Information, Evidence, Research and Innovation
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.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
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