68TH SESSION OF THE WHO REGIONAL COMMITTEE FOR EUROPE
Rome, Italy, 17–20 September 2018

Report on the work of the
WHO Regional Office for Europe

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Better health for Europe

Equitable and sustainable
HEALTH 2020

At the centre of development

13th General Programme of Work
Health investment is the smartest investment – it pays off
The environment has changed
We have to pursue our agreed values
We need to ensure multisectoral responses, able to address all health determinants.
We must rise to the challenges of an ageing population and noncommunicable diseases.
We must respond to threats from communicable diseases and emergencies.
We must achieve universal health coverage with financial protection.
Important new opportunities
We have new scientific knowledge

We understand better the complexity of interactions
We can influence political, environmental, and cultural contexts.
Digital technology and innovations
Mobilizing communities
Working together for better health
Health is a political choice
European Member States reported on SDG implementation at the High-level Political Forum
A majority of countries now have a national health policy aligned with Health 2020.
EUROPEAN HEALTH REPORT
More than numbers — evidence for all
Developing a common set of indicators for the joint monitoring framework for SDGs, Health 2020 and the Global NCD Action Plan

Meeting of the expert group
Vienna, Austria, 20–21 November 2017
Life expectancy at birth increased from 76.7 years in 2010 to 77.9 years in 2015.
Maternal mortality rate decreased from 13 deaths per 100,000 live births in 2010 to 11 deaths per 100,000 live births in 2015.
On track to reduce premature mortality

From cardiovascular diseases, cancer, diabetes and chronic respiratory diseases

By 1.5% annually
Inequities in life expectancy

More than 10 years between countries in the Region

Source: Health for All database on the WHO European Health Information Gateway (9).
Alcohol consumption

Highest globally among the WHO regions
Overweight and obesity

Upward trend

Figure 2.8. Age-standardized prevalence of overweight (defined as BMI ≥25 kg/m²) in people aged 18 years and over, WHO estimates [%]

Source: Health for All database on the WHO European Health Information Gateway (9).
Persistent immunity gaps
Persistent immunity gaps
Not on track with HIV
Working in transformative ways for better health
Ensure policy coherence across sectors at all levels
Instruments and tools for the Sustainable Development Goals
NETWORKS

A KEY PLATFORM FOR IMPLEMENTATION
Small countries initiative

Summit of Mayors

South-eastern Europe Health Network
Healthy Cities Network
30th anniversary, October 2018
The social determinants of health
The social determinants of health

Income inequality decreased from 34.3 in 2004 to 33.76 in 2015.
Infant mortality reduced

But with variation between 1.9 and 22.1 deaths per 1000 births
Enrolment in primary school

Between 0.1% and 10.1% of children not enrolled in schools.
Unemployment rates

Range from 0.5% to 26.1% (2015)
Health equity status report

Containing transformative thinking with new evidence and policy directions
WHO European Office for Investment for Health and Development
Venice, Italy
BEHAVIOURAL DETERMINANTS OF HEALTH
Moving towards becoming “tobacco-free” with a smoking prevalence of 5% or less.
Tobacco is still too affordable

Tobacco use in the Region is not reducing fast enough to meet the globally agreed targets.
We encourage all Parties to the WHO FCTC to ratify the Protocol without further delay.
Alcohol consumption has decreased since 2010, as have overall levels of alcohol-related mortality and morbidity.
Europe still has the highest alcohol consumption of all WHO regions
(9.8 litres of pure alcohol)
Alcohol pricing policies and restrictions on availability

A highly cost-effective use of resources for alcohol prevention and control efforts
Resource tool on alcohol taxation and pricing policies

Editors
Bundit Sornpaisarn, Kevin D. Shield, Esa Österberg, Jürgen Rehm

Policy in action
A tool for measuring alcohol policy implementation
Nutrition and physical activity

Obesity prevalence has tripled in the WHO European Region since the 1980s
WHO European Childhood Obesity Surveillance Initiative (COSI)

A system designed to measure trends in overweight and obesity among primary school aged children.
Promoting health-enhancing physical activity
All determinants aligned in a coherent policy framework
Environmental risks still cause one fifth of the burden of disease in the European Region.
Sixth Ministerial Conference on Environment and Health

Ostrava, Czech Republic, June 2017
European Environment and Health Task Force (EHTF) meeting
Bonn, Germany, 20–21 March 2018
To be considered at the World Health Assembly 2019

Global strategy on environment and health
WHO European Centre for Environment and Health
Bonn, Germany
Cultural determinants
Culture and well-being are influenced by cultural factors such as values, traditions and beliefs.
Commercial determinants
Prevent conflict of interest when engaging with industry
Prevent conflicts of interest when engaging with industry
Working with the private sector within the principals of FENSA

Affirming the primacy of public over private interests
ADVANCING PUBLIC HEALTH FOR SUSTAINABLE DEVELOPMENT
Public health is a shared social and political responsibility
Public health is an investment

Public health is an indicator of success for the government as a whole
High-level political commitment and leadership are required.
A vision for advancing public health through a broad consultation
From implementing the European Strategy and Action Plan for Refugee and Migrant health...

...to the development of a global action plan
We have contributed to the *Global Compact for Safe, Orderly and Regular Migration* and the *UN Global Compact on Refugees* to ensure that health is a key component.
A simulated helicopter evacuation during a search-and-rescue simulation exercise at the Summer School on Refugee and Migrant Health, 10–14 July 2017, Syracuse, Italy.
NONCOMMUNICABLE DISEASES
Fast decline in premature mortality

We estimate that SDG target 3.4 will be achieved before 2030.
Monitoring noncommunicable disease commitments in Europe
Theme in focus: progress monitor indicators
We need to accelerate our interventions
It will take two decades for countries with higher mortality to catch up.
There are equality gaps
High mortality among men under 70 is avoidable.
Improve NCD outcomes
by strengthening health system policies – “leave no-one behind”
The high-level regional meeting – Health Systems Respond to NCDs
Sitges, Spain, April 2018
We agreed on the building blocks and the need for leapfrogging.
There is a need for ambitious transformation in how we deliver public health and health services.
I thank you -- thank you very much for this interactive hearing. I will take questions in 10 minutes.
Health systems respond to noncommunicable diseases: time for ambition

Strategy on the health and well-being of men in the WHO European Region

Health systems recognize that gender is an important determinant of health, and the solutions in 2010 by the 58th Regional Committee for Europe (RCE) in resolution EUR/58/R12, of the strategy on women’s health and well-being in the WHO European Region document EUR/58/R12, was an important initiative in the operationalization of gender-responsive policies.

The gender approach at the health outcomes and efforts to improve gender equity in health are now being taken forward through this draft strategy on the health and well-being of men in the Region.

This draft strategy incorporates Member States’ comments on previous drafts and is submitted to RCE12 for consideration and endorsement.
WHO European Office for the Prevention and Control of NCDs (NCD Office)
Moscow, Russian Federation
Celebrating the 10th anniversary of the Tallinn Charter in Estonia, June 2018

Health Systems for Prosperity and Solidarity: Leaving No One Behind

Celebrating the 10th anniversary of the Tallinn Charter in Estonia, June 2018
Include, invest and innovate
Health systems should prepare for and adapt to the future.
Financial protection
Actionable policy recommendations which are being implemented in several countries
Our target: a Europe free of impoverishing out-of-pocket payments for health

Share of households impoverished or further impoverished after out-of-pocket payments

Source: WHO Barcelona Office for Health Systems Strengthening
It is possible to avoid poverty due to ill health through a combination of reducing out-of-pocket expenditure to 15% of the total spending on health and strengthening pro-poor coverage policies.
Dialogue between health and fiscal decision-makers
40th anniversary of the Alma-Ata Conference on Primary Health Care
25-26 October 2018, Astana, Kazakhstan
Declaration of Alma-Ata

The International Conference on Primary Health Care, meeting in Alma-Ata this health day of September in the year Nineteen hundred and seventy-eight, expresses the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world, hereby makes the following Declaration:

I.

The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

II.

The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially, and economically unacceptable and is, therefore, of common concern to all countries.

III.

Economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries. The promotion and protection of the health of the people is essential to sustained economic and social development and contributes to a better quality of life and to world peace.

IV.

The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.

V.

Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. A main social target of governments, international organizations and the whole world community in the coming decades should be the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. Primary health care is the key to attaining this target as part of development in the spirit of social justice.

VI.

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the
United Nations high-level meeting on universal health coverage 2019
Making the economic case for primary health care

The WHO Task Force on the Economics of Primary Health Care is supported by Denmark and the London School of Economics.
The WHO European Centre for Primary Health Care
Almaty, Kazakhstan
WHO Barcelona Course on TB Prevention
WHO Barcelona Course on Health Financing for Universal Health Coverage
WHO
Barcelona Office for Health Systems Strengthening

The offices continues with a series of courses on strengthening health systems, including two new courses in 2018.
3rd Summer School
Pharmaceutical Pricing and Reimbursement Policies
WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies
Vienna, Austria
Access to medicines

Access to affordable, effective, quality medicines is another major component of UHC.
Improving access requires multidimensional interventions.
Efficient transitioning to domestic financing and supply management is crucial.
ENHANCED AVAILABILITY AND DISSEMINATION OF HEALTH INFORMATION
Annual flagship courses on health information
Health research and knowledge transition

Evidence-Informed Policy Network

EVIPnet is now active in 21 countries
European Health Research Network

Launched in Bulgaria in 2017
European Advisory Committee on Health Research
The European Health Information Initiative (EHII)

8 health information networks form the basis of evidence and information for health policy
The WHO European Region has retained its polio-free status, as assessed by the European RCC at its 32nd annual meeting, May 2018.
The regional framework on vector-borne diseases

contributes to the prevention and control of vector-borne diseases
Measles and rubella elimination

We call on all countries to immediately implement broad, context-appropriate measures to stop further spread of this disease.
Over 41 000 children and adults in the WHO European Region have been infected with measles in the first six months of 2018.

The measles cases and deaths in the Region are unacceptable in the presence of an affordable and effective vaccine.
Place the highest political commitment towards immunization
Place the highest political commitment towards immunization
Accelerating actions on vaccine-preventable diseases

All Member States are urged to extend the benefits of vaccination equitably across the life course to all individuals in the Region.
European Immunization Week and World Immunization Week 2018
Attending an exhibition for European Immunization Week
Tuberculosis decline

32 new cases per 100,000 (2016)
MDR-TB case detection has more than doubled from 33% to 73% (2011-2016)
One out of five people with MDR-TB is in the WHO European Region.
HIV/tuberculosis coinfection has risen from 3% to 12% in the last 10 years.
UNGA high-level meeting on tuberculosis
26 September 2018
New York, United States

Now is the time to accelerate our efforts
Substantial challenges with HIV

One fifth of all people living with HIV in the Region do not know their status

In 2017, 82% of all new HIV infections were from eastern Europe and central Asia
Political commitment and bolder actions required

HIV key populations

- People who inject drugs and their partners
- Men who have sex with men
- Sex workers
- Prisoners
Ministerial policy dialogue on HIV in eastern Europe and central Asia

Amsterdam, Netherlands, July 2018
Take urgent actions to curb the HIV epidemic.
Viral hepatitis

60%

of liver cancer cases are due to viral hepatitis B and C
HEPATITIS.

TIME TO TEST.
TIME TO TREAT.
TIME TO CURE.

MORE THAN 60% OF LIVER CANCER CASES ARE DUE TO LATE TESTING AND TREATMENT OF VIRAL HEPATITIS B AND C INFECTIONS.

#TestTreatHepatitis
#WorldHepatitisDay

World Health Organization
ACTING AGAINST ANTIBIOTIC RESISTANCE IS A SHARED RESPONSIBILITY
34 countries have developed multisectoral AMR action plans.
EARS-NET and CAESAR data

*Kosovo (in accordance with Security Council resolution 1244 (1999)). Level B data: the data provide an indication of the resistance patterns present in clinical settings in the country, but the proportion of resistance should be interpreted with care. Improvements are needed to attain a more valid assessment of the magnitude and trends of antimicrobial resistance in the country. Levels of evidence are only provided for CAESAR countries and areas. Data sources: CAESAR (©WHO 2017) and EARS-Net (©ECDC 2017).
Her Royal Highness
the Crown Princess
of Denmark

WHO/Europe acknowledges the valuable support in raising awareness of AMR
HEALTH EMERGENCIES, PREPAREDNESS, SURVEILANCE AND RESPONSE
Regional action plan to improve public health preparedness and response
Turkey is providing universal access to quality health services for 3.5 million Syrian refugees.
Training of the Syrian health workforce

An example of social inclusion and adaptation
WORKING FOR AND WITH COUNTRIES
PARTNERSHIPS

FOR IMPROVED HEALTH AND POLICY COHERENCE
European issue-based coalition on health: Report of first meeting

The first meeting of the Issue-based Coalition on Health took place at the WHO Regional Office for Europe in Copenhagen, Denmark, on 10 November 2016. The Coalition was established at the meeting of the United Nations Development Group (UNDG) Regional Team for Europe and Central Asia held in Geneva, Switzerland, on 11–12 May 2016 as a useful mean of cross-sectoral cooperation on health.

The purpose of this coalition, led by the WHO Regional Office for Europe, is to act as a pan-European mechanism to facilitate and promote the implementation in the Region of the targets of Sustainable Development Goal 3 and the health-related targets of the other goals by coordinating the activities of the relevant United Nations programmes and specialized agencies and other intergovernmental organizations and partners.


Meeting participants discussed the added value of the coalition, criteria for identifying priorities, four world regions, further development, cross-cutting aspects (such as equity), as well as the potential for advocacy and information sharing. The meeting report will be made available for further discussion and input at the joint meeting of the Coordination Mechanism and the Europe and Central Asia UNDG on 5–6 December 2017. The next meeting of the European issue-based coalition on health will be held in Warsaw, Poland, on 15–16 March 2017.
Cihan Sultanoglu
Assistant Administrator of the UN Development Programme (UNDP) and the Programme’s Regional Director for Europe and the Commonwealth of Independent States (CIS)
We have been actively preparing for the UN reform process
Working with the European Union
Senior official meeting between WHO and the European Union
Collaboration with current and past European Union Presidencies
WHO LEADERSHIP IN IMPLEMENTATION OF THE

GPW 13

13th General Programme of Work 2019-2023
Committed and well equipped to deliver the “triple billion” goal
The WHO Regional Office for Europe
Located at UN City, Copenhagen, Denmark
Country preparedness and IHR